Volume 37, Number 17 Pages 1287–1388 September 4, 2012

#### SALUS POPULI SUPREMA LEX ESTO

"The welfare of the people shall be the supreme law."



## ROBIN CARNAHAN SECRETARY OF STATE

# MISSOURI REGISTER

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## Missouri



## REGISTER

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Documents will be accepted for filing on all regular workdays from 8:00 a.m. until 5:00 p.m. We encourage early filings to facilitate the timely publication of the *Missouri Register*. Orders of Rulemaking appearing in the *Missouri Register* will be published in the *Code of State Regulations* and become effective as listed in the chart above. Advance notice of large volume filings will facilitate their timely publication. We reserve the right to change the schedule due to special circumstances. Please check the latest publication to verify that no changes have been made in this schedule. To review the entire year's schedule, please check out the website at <a href="http://www.sos.mo.gov/adrules/pubsched.asp">http://www.sos.mo.gov/adrules/pubsched.asp</a>

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#### **HOW TO CITE RULES AND RSMo**

**RULES**—Cite material in the *Missouri Register* by volume and page number, for example, Vol. 28, *Missouri Register*, page 27. The approved short form of citation is 28 MoReg 27.

The rules are codified in the Code of State Regulations in this system—

 Title
 Code of State Regulations
 Division
 Chapter
 Rule

 1
 CSR
 10 1.
 010

 Department
 Agency, Division
 General area regulated
 Specific area regulated

They are properly cited by using the full citation , i.e., 1 CSR 10-1.010.

Each department of state government is assigned a title. Each agency or division within the department is assigned a division number. The agency then groups its rules into general subject matter areas called chapters and specific areas called rules. Within a rule, the first breakdown is called a section and is designated as (1). Subsection is (A) with further breakdown into paragraph 1., subparagraph A., part (I), subpart (a), item I. and subitem a.

ules appearing under this heading are filed under the authority granted by section 536.025, RSMo 2000. An emergency rule may be adopted by an agency if the agency finds that an immediate danger to the public health, safety, or welfare, or a compelling governmental interest requires emergency action; follows procedures best calculated to assure fairness to all interested persons and parties under the circumstances; follows procedures which comply with the protections extended by the Missouri and the United States Constitutions; limits the scope of such rule to the circumstances creating an emergency and requiring emergency procedure, and at the time of or prior to the adoption of such rule files with the secretary of state the text of the rule together with the specific facts, reasons, and findings which support its conclusion that there is an immediate danger to the public health, safety, or welfare which can be met only through the adoption of such rule and its reasons for concluding that the procedure employed is fair to all interested persons and parties under the circumstances.

ules filed as emergency rules may be effective not less than ten (10) days after filing or at such later date as may be specified in the rule and may be terminated at any time by the state agency by filing an order with the secretary of state fixing the date of such termination, which order shall be published by the secretary of state in the *Missouri Register* as soon as practicable.

Il emergency rules must state the period during which they are in effect, and in no case can they be in effect more than one hundred eighty (180) calendar days or thirty (30) legislative days, whichever period is longer. Emergency rules are not renewable, although an agency may at any time adopt an identical rule under the normal rulemaking procedures.

#### Title 20—DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION Division 2110—Missouri Dental Board Chapter 2—General Rules

#### **EMERGENCY AMENDMENT**

20 CSR 2110-2.170 Fees. The board is amending subsection (1)(C).

PURPOSE: This amendment reduces dentist, dental specialist, and dental hygienist biennial renewal fees.

EMERGENCY STATEMENT: The Missouri Dental Board is statutorily obligated to enforce and administer the provisions of Chapter 332, RSMo, governing the practice of dentistry. Pursuant to section 332.031, RSMo, the board shall set the amount of the fees which this chapter authorizes at a level to produce revenue which shall not substantially exceed the cost and expense of administering this chapter. Therefore, the board is proposing to decrease the dentist license fee from two hundred fifty dollars (\$250) to two hundred twenty dollars (\$220), the dental specialist license fee from two hundred seventy dollars (\$270) to two hundred twenty dollars (\$220), and the dental hygienist license fee from one hundred thirty dollars (\$130) to one hundred dollars (\$100).

Dentists, dental specialists, and dental hygienist licenses expire on November 30, 2012. The renewal notice will be mailed September 1, 2012, and any individuals renewing their license beginning September 1, 2012, will be assessed the decreased renewal fee. Without this emergency amendment, the decreased fee requirement will not be effective in time for the renewal notice and the board will collect more revenue than it is statutorily authorized to collect.

The scope of the emergency amendment is limited to the circumstances creating the emergency and complies with the protections extended in the Missouri and United States Constitutions. In developing this emergency amendment, the board has determined that the fee decreases are necessary for the 2012 renewal period to prevent funds from exceeding the maximum fund balance thereby resulting in a transfer from the fund to general revenue as set forth in section 332.061, RSMo. Pursuant to section 324.001.10., RSMo, a compelling governmental interest is deemed to exist for the purposes of section 536.025, RSMo, for licensure fees to be reduced by emergency rule, if the projected fund balance of any agency assigned to the Division of Professional Registration is reasonably expected to exceed an amount that would require transfer from that fund to general revenue. The board believes this emergency amendment to be fair to all interested parties under the circumstances. This emergency amendment was filed July 26, 2012, becomes effective August 5, 2012, and expires February 28, 2013.

(1) The following fees are established by the Missouri Dental Board:

(C) Biennial License Renewal Fee

 1. Dentist License
 \$[250] 220

 2. Dental Specialist License
 \$[270] 220

 3. Dental Hygienist License
 \$[130] 100

AUTHORITY: section 332.031.3., RSMo 2000. This rule originally filed as 4 CSR 110-2.170. Emergency rule filed June 30, 1981, effective July 9, 1981, expired Nov. 6, 1981. Original rule filed June 30, 1981, effective Oct. 11, 1981. For intervening history, please consult the Code of State Regulations. Emergency amendment filed July 26, 2012, effective Aug. 5, 2012, expires Feb. 28, 2013. A proposed amendment covering this same material is published in this issue of the Missouri Register.

he Secretary of State shall publish all executive orders beginning January 1, 2003, pursuant to section 536.035.2, RSMo Supp. 2011.

#### EXECUTIVE ORDER 12-07

WHEREAS, Executive Order 12-06 was issued on June 29, 2012, activating the Missouri State Emergency Operations Center in response to the severe heat, dry conditions and fire risks affecting the State of Missouri and to assist Missouri residents and communities address the hazards associated with this extreme weather pattern; and

WHEREAS, the State of Missouri continues to experience record heat and low precipitation; and

WHEREAS, this weather pattern has caused extreme drought conditions in many parts of the State of Missouri; and

WHEREAS, the excessive heat is creating a condition of distress and hazard to the health and safety of Missourians; and

WHEREAS, the dry conditions have caused several large natural cover fires and the risk for additional natural cover fires is expected to continue for several weeks; and

WHEREAS, the heat and low precipitation is detrimentally impacting Missouri agricultural producers; and

WHEREAS, the State of Missouri is monitoring the drought's affect on public water supplies and distribution; and

WHEREAS, the United States Department of Agriculture, at my request, has declared an agricultural disaster in all 114 Missouri counties; and

WHEREAS, the State of Missouri will continue to be proactive in addressing these and other challenges caused by these extreme weather conditions; and

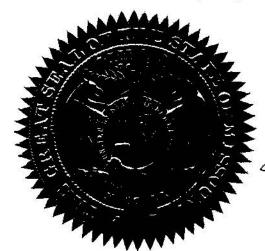
WHEREAS, the resources of the State of Missouri are needed and will continue to be needed to assist those affected by these conditions and to help relieve the condition of distress and hazard to the safety and welfare of our fellow Missourians.

NOW, THEREFORE, I, JEREMIAH W. (JAY) NIXON, GOVERNOR OF THE STATE OF MISSOURI, by virtue of the authority vested in me by the Constitution and laws of the State of Missouri, including Sections 44.100 and 44.110, RSMo, do hereby declare that a State of Emergency exists in the State of Missouri and direct that the Missouri State Emergency Operations Plan be activated.

I further authorize the use of state agencies to provide assistance, as needed.

I further order that Executive Order 12-06 shall be extended until October 1, 2012.

This Order shall terminate on October 1, 2012, unless extended in whole or in part.



IN WITNESS WHEREOF, I have hereunto set my hand and caused to be affixed the Great Seal of the State of Missouri, in the City of Jefferson, on this 23<sup>rd</sup> day of July, 2012.

Jeremiah W. (Jay) Nixon

Governor

ATTEST:

Robin Carnahan Secretary of State

#### EXECUTIVE ORDER 12-08

WHEREAS, Executive Order 12-07 was issued earlier this date declaring a State of Emergency for the State of Missouri due to the prolonged period of excessive heat and low precipitation; and

WHEREAS, the United States Department of Agriculture, at my request, has declared an agricultural disaster in all 114 Missouri counties; and

WHEREAS, this weather pattern has caused extreme drought conditions in many parts of the State of Missouri and is having a devastating impact on Missouri agriculture; and

WHEREAS, access to adequate water supplies for livestock and crop production has become extremely difficult for Missouri agricultural producers; and

WHEREAS, the State of Missouri will be proactive in addressing these and other challenges caused by these severe weather conditions.

NOW, THEREFORE, I, JEREMIAH W. (JAY) NIXON, GOVERNOR OF THE STATE OF MISSOURI, by virtue of the authority vested in me by the Constitution and laws of the State of Missouri, including Chapter 44, RSMo, do hereby authorize the State Soil and Water Districts Commission to implement an emergency cost-share program for water source development and/or water distribution practices to assist landowners engaged in livestock or crop production adversely impacted by the current drought. This emergency cost-share program shall be specifically directed to address water challenges caused by the current drought where implementation of a water source development or water distribution practice would produce an immediate material benefit.

This emergency cost-share program shall be narrowly targeted to provide resources to alleviate immediate water shortages confronting Missouri agriculture. Due to the emergency nature of this program and the need for these water source and distribution practices to be implemented expeditiously, any rules, procedures and certifications generally applicable to soil and water cost-share programs are hereby waived for this emergency cost-share program.

In order to be eligible under this emergency cost-share program, the following criteria must be satisfied:

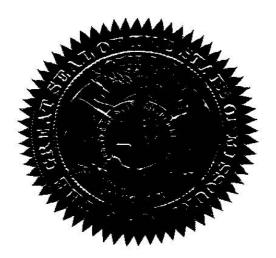
- 1) The landowner applicant must be engaged in livestock or crop production and experiencing a water shortage caused directly by the current drought conditions;
- 2) The water shortage being experienced by the landowner applicant is severely impacting the well-being of livestock or crop production;
- 3) The proposed water source development or water distribution practice will produce an immediate material benefit to the well-being of the livestock or crop production; and
- 4) The proposed water source development or water distribution practice will not adversely affect a public water supply.

All applications under this emergency cost-share program by eligible landowners engaged in livestock or crop production must be submitted within fourteen days of issuance of this Order. Applications may be submitted either to the local soil and water district or to the State. Applications received by the State shall be immediately forwarded to the appropriate local soil and water district. The local soil and water district shall promptly notify the State when a completed application is received and upon taking final action on the application. The local soil and water district shall have seventy-two hours, including weekends, to approve or deny a completed application.

I further order the establishment of the Agriculture Water Resource Technical Review Team. The Directors of the Department of Agriculture and the Department of Natural Resources are directed to immediately assign adequate staff with agricultural and water resource experience to the Agriculture Water Resource Technical Review Team. The Agriculture Water Resource Technical Review Team shall assist in the expedited processing of applications and implementation of this emergency cost-share program. In addition, any completed application not acted upon by a local soil and water district within seventy-two hours of receipt shall be immediately forwarded to the Agriculture Water Resource Technical Review Team which shall approve or deny the application within seventy-two hours.

All projects approved under this emergency cost-share program shall be completed within sixty days of issuance of this Order. The cost-share rate shall be ninety percent (90%) of the costs of eligible practices under this emergency cost-share program. The maximum cost-share award under this program is \$20,000.

This Order shall terminate on October 1, 2012, unless extended in whole or in part.



IN WITNESS WHEREOF, I have hereunto set my hand and caused to be affixed the Great Seal of the State of Missouri, in the City of Jefferson, on this 23<sup>rd</sup> day of July, 2012.

(Jav) Nixon

Jeremiah

ATTEST:

Robin Carnahan Secretary of State Inder this heading will appear the text of proposed rules and changes. The notice of proposed rulemaking is required to contain an explanation of any new rule or any change in an existing rule and the reasons therefor. This is set out in the Purpose section with each rule. Also required is a citation to the legal authority to make rules. This appears following the text of the rule, after the word "Authority."

ntirely new rules are printed without any special symbology under the heading of the proposed rule. If an existing rule is to be amended or rescinded, it will have a heading of proposed amendment or proposed rescission. Rules which are proposed to be amended will have new matter printed in boldface type and matter to be deleted placed in brackets.

n important function of the *Missouri Register* is to solicit and encourage public participation in the rulemaking process. The law provides that for every proposed rule, amendment, or rescission there must be a notice that anyone may comment on the proposed action. This comment may take different forms.

If an agency is required by statute to hold a public hearing before making any new rules, then a Notice of Public Hearing will appear following the text of the rule. Hearing dates must be at least thirty (30) days after publication of the notice in the *Missouri Register*. If no hearing is planned or required, the agency must give a Notice to Submit Comments. This allows anyone to file statements in support of or in opposition to the proposed action with the agency within a specified time, no less than thirty (30) days after publication of the notice in the *Missouri Register*.

n agency may hold a public hearing on a rule even though not required by law to hold one. If an agency allows comments to be received following the hearing date, the close of comments date will be used as the beginning day in the ninety (90)-day-count necessary for the filing of the order of rulemaking.

If an agency decides to hold a public hearing after planning not to, it must withdraw the earlier notice and file a new notice of proposed rulemaking and schedule a hearing for a date not less than thirty (30) days from the date of publication of the new notice.

Proposed Amendment Text Reminder: **Boldface text indicates new matter**.

[Bracketed text indicates matter being deleted.]

Title 2—DEPARTMENT OF AGRICULTURE
Division 80—State Milk Board
Chapter 3—Production and Distribution of Grade "A"
Retail Raw Milk and Milk Products

#### PROPOSED AMENDMENT

**2 CSR 80-3.010 Definitions**. The board is amending the purpose, section (1), and subsection (1)(F).

PURPOSE: This amendment deletes outdated information in the rule purpose and makes minor grammatical changes.

PURPOSE: This rule defines terms used in the regulations of the State Milk Board. [This rule was previously known as Section 1.]

(1) The following regulations shall apply in the interpretation and the

enforcement for Grade "A" retail raw fluid milk:

(F) The word person shall mean any individual, partnership, corporation, trustee, or association;

AUTHORITY: section 196.939, RSMo [Supp. 1993] 2000. Original rule filed June 20, 1973, effective June 30, 1973. Amended: Filed July 24, 2012.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the State Milk Board, 1616 Missouri Boulevard, Jefferson City, MO 65109. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.

## Title 2—DEPARTMENT OF AGRICULTURE Division 80—State Milk Board Chapter 3—Production and Distribution of Grade "A" Retail Raw Milk and Milk Products

#### PROPOSED AMENDMENT

2 CSR 80-3.020 The Sale of Adulterated, Ungraded, or Misbranded Milk or Milk Products Prohibited. The board is amending the purpose and section (1).

PURPOSE: This amendment deletes outdated information in the rule purpose and makes minor grammatical changes.

PURPOSE: This rule provides for the control of adulterated, ungraded, or misbranded milk or milk products, or a combination of these. [This rule was previously known as Section 2.]

(1) No person shall produce, sell, offer, or expose for sale or have in possession with intent to sell, any milk or milk products which are adulterated, misbranded, or ungraded.

AUTHORITY: section 196.939, RSMo [Supp. 1993] 2000. Original rule filed June 20, 1973, effective June 30, 1973. Amended: Filed July 24, 2012.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the State Milk Board, 1616 Missouri Boulevard, Jefferson City, MO 65109. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.

Title 2—DEPARTMENT OF AGRICULTURE
Division 80—State Milk Board
Chapter 3—Production and Distribution of Grade "A"
Retail Raw Milk and Milk Products

#### PROPOSED AMENDMENT

**2 CSR 80-3.030 Permits**. The board is amending the purpose and section (1).

PURPOSE: This amendment deletes outdated information in the rule purpose and makes minor grammatical changes.

PURPOSE: This rule provides for the issuance of permits to individuals involved in the production and distribution of Grade "A" retail raw milk and milk products. [This rule was previously known as Section 3.]

(1) Every producer-distributor producing and distributing Grade "A" retail raw milk under terms of these regulations shall secure a permit from the state authority. Only a person who complies with the requirements of these regulations shall be entitled to receive and retain such a permit. Permits shall not be transferable with respect to persons, locations, or both.

AUTHORITY: section 196.939, RSMo [Supp. 1993] 2000. Original rule filed June 20, 1973, effective June 30, 1973. Amended: Filed July 24, 2012.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the State Milk Board, 1616 Missouri Boulevard, Jefferson City, MO 65109. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.

Title 2—DEPARTMENT OF AGRICULTURE
Division 80—State Milk Board
Chapter 3—Production and Distribution of Grade "A"
Retail Raw Milk and Milk Products

#### PROPOSED AMENDMENT

**2 CSR 80-3.040 Labeling**. The board is amending the purpose and sections (1) and (2).

PURPOSE: This amendment deletes outdated information in the rule purpose and makes minor grammatical changes.

PURPOSE: This rule provides regulations for the proper labeling of Grade "A" retail raw milk or milk products. [This rule was previously known as Section 4.]

- (1) All bottles and other containers enclosing milk, skim milk, or cream as defined in 2 CSR 80-3.010 shall be plainly labeled with the name of the contents as given in the definition of these regulations; the word raw; the grade of the contents; and the name and address of the producer-distributor.
- (2) The label shall be in letters of an approved size, kind, and color,

and shall contain no marks or words which are misleading.

AUTHORITY: section 196.939, RSMo [1986] 2000. Original rule filed June 20, 1973, effective June 30, 1973. Amended: Filed July 24, 2012.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the State Milk Board, 1616 Missouri Boulevard, Jefferson City, MO 65109. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.

Title 2—DEPARTMENT OF AGRICULTURE
Division 80—State Milk Board
Chapter 3—Production and Distribution of Grade "A"
Retail Raw Milk and Milk Products

#### PROPOSED AMENDMENT

**2 CSR 80-3.050 Inspection of Production and Distribution Facilities**. The board is amending the purpose and sections (1) and (2).

PURPOSE: This amendment deletes outdated information in the rule purpose and makes minor grammatical changes.

PURPOSE: This rule provides requirements concerning the inspection of production and distribution facilities. [This rule was previously known as Section 5.]

- (1) Prior to supplying milk or milk products, and at least once every six (6) months, the state authority shall inspect the production and distribution facilities of all producer-distributors whose milk or milk products are intended for consumption within the state as Grade "A" retail raw. If the state authority should discover the violation of any requirement, s/he shall make a second inspection after a lapse of such time as s/he may deem necessary for the defect to be remedied, but not before the lapse of three (3) days; and the second inspection shall be used in determining compliance with the requirements of 2 CSR 80-3.070. Any violation of the same requirement of these regulations on such reinspection shall call for immediate degrading, court action, or both.
- (2) One (1) copy of the inspection report shall be posted by the state authority in a conspicuous place upon an inside wall of the milkhouse, and the inspection report shall not be defaced or removed by any person except the state authority. Another copy of the inspection report shall be filed with the records of the state authority.

AUTHORITY: section 196.939, RSMo [Supp. 1993] 2000. Original rule filed June 20, 1973, effective June 30, 1973. Amended: Filed July 24, 2012.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the State Milk Board, 1616 Missouri Boulevard, Jefferson City, MO 65109. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.

Title 2—DEPARTMENT OF AGRICULTURE
Division 80—State Milk Board
Chapter 3—Production and Distribution of Grade "A"
Retail Raw Milk and Milk Products

#### PROPOSED AMENDMENT

**2 CSR 80-3.060 The Examination of Milk and Milk Products.** The board is amending the purpose and sections (1) and (2).

PURPOSE: This amendment deletes outdated information in the rule purpose, updates information regarding a manual, and makes minor grammatical changes.

PURPOSE: This rule specifies sampling frequency and required chemical and bacteriological test to be conducted on Grade "A" retail raw milk and milk products. [This rule was previously known as Section 6.]

- (1) During each six- (6-)[-] month period, at least four (4) samples of milk, cream, or both, from each producer-distributor shall be taken on separate days and examined by the state authority. Samples may be taken any time prior to the final delivery of the milk or milk products. Bacterial plate counts, efficiency of bactericidal treatment, and other laboratory and screening tests shall conform to the procedures in the most current edition of Standard Methods for the Examination of Dairy Products [recommended by]] of the American Public Health Association as recommended by the Grade "A" Pasteurized Milk Ordinance (PMO), 2011 Revision of the United States Department of Health and Human Services, Public Health Service, Food and Drug Administration.
- (2) Whenever two (2) of the last four (4) consecutive bacteria counts, coliform determinations, or cooling temperatures, taken on separate days, exceeds the limit of the standards for the milk, milk product, or both, the state authority shall send a written notice to the person concerned. This notice shall be in effect so long as two (2) of the last four (4) consecutive samples exceed the limit of the standard. An additional sample shall be taken within fourteen (14) days of the sending of the notice, but not before the lapse of three (3) days. Immediate suspension of the permit in accordance with 2 CSR 80-3.030, the court action, or both, shall be instituted whenever the standard is violated by three (3) of the last five (5) bacteria counts, coliform determinations, or cooling temperatures.

AUTHORITY: section 196.939, RSMo [Supp. 1993] 2000. Original rule filed June 20, 1973, effective June 30, 1973. Amended: Filed July 24, 2012.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the State Milk Board, 1616 Missouri Boulevard, Jefferson City, MO 65109. To be considered, comments must be received within thirty (30) days

after publication of this notice in the Missouri Register. No public hearing is scheduled.

## Title 2—DEPARTMENT OF AGRICULTURE Division 80—State Milk Board Chapter 3—Production and Distribution of Grade "A" Retail Raw Milk and Milk Products

#### PROPOSED AMENDMENT

**2 CSR 80-3.070 The Grading of Milk and Milk Products**. The board is amending the purpose, subsection (1)(A), and paragraphs (1)(A)6. and 7.

PURPOSE: This amendment deletes outdated information in the rule purpose and makes minor grammatical changes.

PURPOSE: This rule provides standards which Grade "A" retail raw milk and milk products must meet. [This rule was previously known as Section 7.]

- (1) Grades shall be based on the following standards, the grading of milk products being identical with the grading of milk, except that the bacterial count standards shall be doubled in the case of cream. The grade of milk product shall be that of the lowest grade of milk product used in its preparation.
- (A) Grade "A" retail raw milk is raw milk produced upon dairy farms conforming with all of the following items of sanitation. The bacterial plate count of the milk shall not exceed fifty thousand (50,000) per milliliter and not more than one hundred (100) coliform per milliliter as determined in accordance with 2 CSR 80-3.060.
- 1. Cow health. All herds and additions shall be tested and found free of tuberculosis before any milk is sold, and all herds shall be retested at least every twelve (12) months thereafter. The tests and retests shall be made and any reactors disposed of, in accordance with the latest requirements approved by the United States Department of Agriculture (USDA), for tuberculosis-free accredited herds, in effect at the time of the adoption of these regulations. A certificate identifying each animal signed by the veterinarian or attested to by the state authority, and filed as directed by the state authority, shall be evidence to the previously-mentioned test.
- A. All herds and additions shall be tested and found free of brucellosis before any milk is sold, and all herds shall be retested at least every twelve (12) months thereafter. Tests and retests shall be made, and any reactors disposed of in accordance with the latest requirements by the USDA, in effect at the time of the adoption of these rules. A certificate identifying each animal, signed by the veterinarian and the director of the laboratory making the test and filed as directed by the state authority, shall be evidence of the previous test.
- B. Cows which show a complete induration of one (1) quarter or extensive induration in one (1) or more quarters of the udder, upon physical examination whether secreting abnormal milk or not, shall be permanently excluded from the milking herd, provided that this shall not apply in the case of quarter that is completely dry. Cows giving bloody, stringy, or otherwise abnormal milk, but without entire or extensive induration of the udder, shall be excluded from the herd until reexamination shows that the milk has become normal.
- C. For other diseases, such tests and examinations as the state authority may require after consultation with state livestock sanitary officials shall be made at intervals and by methods prescribed by him/her, and any diseased animals or reactors shall be disposed of as s/he may require.
- 2. Milking barn—lighting. A milking barn, stable, or parlor shall be provided. It shall be provided with adequate light, properly distributed for both day and night milking.

- 3. Milking barn—air space and ventilation. Sections of the milking barn, stable, or parlor where cows are kept or milked shall be well ventilated and shall be so arranged as to avoid overcrowding.
- 4. Milking barn—floors, animals. The floors and gutters of that portion of the barn, stable, or parlor in which cows are milked shall be constructed of concrete, or other approved, impervious, and easily-cleaned material. Floors and gutters shall be graded so as to drain properly and shall be kept clean and in good repair. No swine or fowl shall be permitted in the milking barn, stable, or parlor. If horses, dry cows, calves, or bulls should be stabled, they shall be confined in stalls, stanchions, or pens which shall be kept clean and in good repair.
- 5. Milking barn—walls and ceilings. The interior walls and the ceilings of the milking barn, stable, or parlor shall be whitewashed or painted as often as may be necessary or finished in an approved manner and shall be kept clean and in good repair. Where there is a second story above the milking barn, stable, or parlor, the ceiling shall be tight. If feed should be ground or mixed, or sweet food should be stored, in a feed room or feed storage space which adjoins the milking space, it shall be separated by a dust-tight partition and door.
- 6. Cowyard[-]. The cowyard shall be graded and drained as well as is practicable and shall be so kept that there are no standing pools of water nor accumulations of organic waste; provided, that in loafing areas, cattle housing areas, or both, manure droppings shall be removed, or clean bedding added, at sufficiently frequent intervals to prevent the accumulation of manure on cows' udders and flanks. Swine shall be kept out.
- 7. Manure disposal I-J. All manure shall be removed and stored or disposed of in such a manner as to best prevent the breeding of flies and the access of cows to piles thereof.
- 8. Milkhouse or room—construction and equipment. There shall be provided a milkhouse or milkroom in which the cooling, handling, and storing of milk and milk products, and the washing, bactericidal treatment, and storing of milk containers and utensils shall be done.
- A. The milkhouse or room shall be provided with a smooth floor, constructed of concrete or other impervious material, maintained in good repair, and graded as to provide proper drainage.
- B. It shall have walls and ceilings of such construction as to permit easy cleaning and shall be well painted or finished in an approved manner.
  - C. It shall be well lighted and well ventilated.
- D. It shall have all openings effectively screened, including outward opening self-closing doors, unless other effective means are provided to prevent the entrance of flies.
- E. It shall be used for no purposes other than those specified previously, except as may be approved by the state authority; it shall not open directly into a milking barn or stable, nor into any room used for domestic purposes; it shall have water piped into it; it shall be provided with adequate facilities for heating water to clean utensils; and it shall be equipped with three (3) compartment stationary, wash and rinse vats. The cleaning and other operations shall be located and conducted so as to prevent any contamination of the milk or cleaned equipment.
- F. The milkhouse shall be partitioned to separate the handling of milk and storage of cleaned utensils from the cleaning and other operations, which shall be located and conducted as to prevent any contamination of the milk or of cleaned equipment. 2 CSR 80-3.100 shall be posted in the milkhouse.
- 9. Milkhouse or room—cleanliness and flies. The floors, walls, ceilings, and equipment of the milkhouse or room shall be kept clean at all times. All necessary means for the elimination of flies shall be used
- 10. Toilet. Every dairy farm shall be provided with one (1) or more sanitary toilets, conveniently located and properly constructed, operated, and maintained so that the waste is inaccessible to flies and does not pollute the surface soil nor contaminate any water supply.

- 11. Water supply. Water for all dairy purposes shall be from a supply properly located, protected, and operated and shall be easily accessible, adequate, and of a safe, sanitary quality.
- 12. Utensils—construction. All multiuse containers, equipment, and other utensils used in the handling, storage, or transportation of milk or milk products shall be made of smooth, nonabsorbent, non-corrodible, nontoxic material, shall be so constructed as to be easily cleaned, and shall be kept in good repair. Joints and seams shall be welded or soldered flush. Woven-wire cloth shall not be used for strained milk. When milk is strained, strainer pads shall be used and shall not be reused. All milk pails obtained shall be of the seamless, hooded type. All single-service articles used shall have been manufactured, packaged, transported, and handled in a sanitary manner.
- 13. Utensils—cleaning. All multiuse containers, equipment, and other utensils used in the handling, storage, or transportation of milk and milk products shall be thoroughly cleaned after each usage.
- 14. Utensils—bactericidal treatment. All multiuse containers, equipment, and other utensils used in the handling, storage, or transportation of milk and milk products, before each usage, shall be subjected effectively to an approved bactericidal process utilizing steam, hot water, chemicals, or hot air.
- 15. Utensils—storage. All containers and other utensils used in the handling, storage, or transportation of milk or milk products, unless stored in bactericidal solutions, shall be stored so as to drain dry and so as not to become contaminated before being used.
- 16. Utensils—handling. After bactericidal treatment, containers, and other milk and milk product utensils shall be handled in such a manner as to prevent contamination of any surface with which milk or milk products come into contact.
- 17. Milking—udders and teats, abnormal milk. Milking should be done in the milking barn, stable, or parlor. The udders and teats of all milking cows shall be clean and wiped with an approved bactericidal solution at the time of milking. Abnormal milk shall be kept out of the milk supply and shall be handled and disposed of as to preclude the infection of the cows and the contamination of milk utensils.
- 18. Milking—flanks. The flanks, bellies, and tails of all milking cows shall be free from visible dirt at the time of milking. All brushing shall be completed before milking commences.
- 19. Milkers' hands. Milkers' hands shall be washed clean, rinsed with an effective bactericidal solution, and dried with a clean towel, immediately before milking and immediately after any interruption in the milking operation. Wet-hand milking is prohibited. Convenient facilities shall be provided for the washing of milkers' hands. No person with an infected cut or lesion on hands or arms shall milk cows or handle milk or milk utensils.
- 20. Clean clothing. Milkers and milk handlers shall wear clean outer garments while milking or handling milk, milk products, containers, utensils, or equipment.
  - 21. Milk stools. Milk stools and surcingles shall be kept clean.
- 22. Removal of milk. Each pail or can of milk shall be removed immediately to the milkhouse or straining room. No milk shall be strained or poured in the barn, unless it is protected from flies and other contamination.
- 23. Cooling. Immediately after completion of milking, milk and milk products shall be cooled to forty-five degrees Fahrenheit (45 °F) or less and shall be maintained at that temperature until delivery, as determined in accordance with 2 CSR 80-3.060.
- 24. Vehicles and surrounding. All vehicles used for the transportation of milk or milk products shall be constructed and operated so as to protect their contents from the sun, from freezing, and from contamination. All vehicles used for the distribution of milk or milk products shall have the distributor's name prominently displayed.
- 25. Bottling and capping. Milk and milk products not for pasteurization shall be bottled on the farm where produced. Bottling and capping shall be done in a sanitary manner by means of approved equipment, and these operations shall be integral in one (1) machine. Caps or cap stock shall be purchased in sanitary containers and shall be kept in a clean, dry place until used.

- 26. Personnel health/control of communicable diseases related to milk. The Missouri Department of Agriculture, State Veterinarian and the Executive Director of the State Milk Board in consultation with the local health authority, the director of the Department of Health and Senior Services (DHSS) or the director's designated representative, or physician authorized by him/her may examine and take a careful morbidity history of every person connected with a producer-distributor dairy, or about to be employed by one, whose work brings him/her into contact with the production, handling, storage, or transportation of milk, milk products, containers, or equipment. If the examination or history should suggest that the person may be a carrier of, or be infected with, any communicable diseases likely to be transmitted through milk, s/he shall obtain any appropriate samples or specimens for laboratory analysis that may be necessary to confirm the diagnosis or presence of disease. The laboratory that provides testing for the samples or specimens will be certified by the Clinical Laboratory Improvement Act of 1988 (CLIA), and if the results justify, that person shall not be engaged in work that brings s/he into contact with the production, handling, storage, or transportation of milk, milk products, containers, or equipment.
- A. The person shall furnish information, submit to physical examinations, and submit laboratory specimens as the health officer may require for the purpose of determining freedom from infection.
- B. No person with an infected cut or lesion on hands or arms shall handle milk, milk products, milk containers, or milk equipment.
- C. Upon receiving a report of communicable disease, it shall be the duty of the local health authority, the director of the DHSS, or the director's designated representative to establish appropriate control measures which may include inspection of the premises, isolation, quarantine, disinfection, immunization, closure, or other measures considered appropriate by medical experts for the protection of public health.
- D. Whenever a case of unrecognized illness is reported or otherwise brought to the attention of the local health authority or the DHSS and investigation presents evidence of a communicable disease, but sufficient time has not elapsed to render a positive diagnosis, after consultation with the director or his/her designated representative, the control measures applicable to actual cases of the suspected communicable disease will be implemented, until a positive diagnosis can be established. If a disease proves to be non-communicable, the temporary control measures shall be terminated at once.

AUTHORITY: section 196.939, RSMo 2000. Original rule filed June 20, 1973, effective June 30, 1973. Amended: Filed April 30, 2010, effective Nov. 30, 2010. Amended: Filed July 24, 2012.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the State Milk Board, 1616 Missouri Boulevard, Jefferson City, MO 65109. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.

Title 2—DEPARTMENT OF AGRICULTURE
Division 80—State Milk Board
Chapter 3—Production and Distribution of Grade "A"
Retail Raw Milk and Milk Products

PROPOSED AMENDMENT

2 CSR 80-3.080 Suspension and Reinstatement of Permit. The board is amending the purpose.

PURPOSE: This amendment deletes outdated information in the rule purpose.

PURPOSE: This rule provides regulations pertaining to the suspension and reinstatement of permits. [This rule was previously known as Section 8.]

AUTHORITY: section 196.939, RSMo [Supp. 1993] 2000. Original rule filed June 20, 1973, effective June 30, 1973. Amended: Filed July 24, 2012.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the State Milk Board, 1616 Missouri Boulevard, Jefferson City, MO 65109. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.

### Title 2—DEPARTMENT OF AGRICULTURE Division 80—State Milk Board

Chapter 3—Production and Distribution of Grade "A" Retail Raw Milk and Milk Products

#### PROPOSED AMENDMENT

2 CSR 80-3.090 Transferring or Dipping Milk: Delivery Containers; Cooling; Quarantined Residences. The board is amending the purpose.

PURPOSE: This amendment deletes outdated information in the rule purpose and makes minor grammatical changes.

PURPOSE: This rule provides regulations pertaining to transferring or dipping of milk, delivery containers, cooling, and quarantined residences. [This rule was previously known as Section 9.]

AUTHORITY: section 196.939, RSMo [Supp. 1993] 2000. Original rule filed June 20, 1973, effective June 30, 1973. Amended: Filed July 24, 2012.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the State Milk Board, 1616 Missouri Boulevard, Jefferson City, MO 65109. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.

Title 2—DEPARTMENT OF AGRICULTURE
Division 80—State Milk Board
Chapter 3—Production and Distribution of Grade "A"
Retail Raw Milk and Milk Products

#### PROPOSED AMENDMENT

**2 CSR 80-3.100 Notification of Disease**. The board is amending the purpose and section (1).

PURPOSE: This amendment deletes outdated information in the rule purpose and makes minor grammatical changes.

PURPOSE: This rule provides regulations for the notification of disease to the state authority. [This rule was previously known as Section 10.]

(1) No person with any disease in a communicable form or who is a carrier of a communicable disease shall work at any dairy farm or milk plant in any capacity which brings him/her into contact with the production, handling, storage, or transportation of milk, milk products, containers, or equipment; and no dairy farm or milk plant shall employ in any such capacity any such person or any person suspected of having any disease in a communicable form or of being a carrier of a communicable disease. Any producer or distributor of milk or milk products upon whose dairy farm, or in whose milk plant, any communicable disease occurs, or who suspects that any employee has contracted any disease in a communicable form, or has become a carrier of a communicable disease shall notify the state authority immediately.

AUTHORITY: section 196.939, RSMo [Supp. 1993] 2000. Original rule filed June 20, 1973, effective June 30, 1973. Amended: Filed July 24, 2012.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the State Milk Board, 1616 Missouri Boulevard, Jefferson City, MO 65109. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.

Title 2—DEPARTMENT OF AGRICULTURE
Division 80—State Milk Board
Chapter 3—Production and Distribution of Grade "A"
Retail Raw Milk and Milk Products

#### PROPOSED AMENDMENT

**2 CSR 80-3.110 Procedure When Infection is Suspected.** The board is amending the purpose, section (1), and subsection (1)(C).

PURPOSE: This amendment deletes outdated information in the rule purpose and makes minor grammatical changes.

PURPOSE: This rule provides regulations pertaining to the procedure when infection is suspected. [This rule was previously known as Section 11.]

- (1) When reasonable cause exists to suspect the possibility of transmission of infection from any person concerned with the handling of milk or milk products, the state authority is authorized to require any of the following measures:
- (C) Adequate medical and bacteriological examination of the person, of his/her associates, and of his/her and their body discharges.

AUTHORITY: section 196.939, RSMo[. Supp. 1993] 2000. Original rule filed June 20, 1973, effective June 30, 1973. Amended: Filed July 24, 2012.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the State Milk Board, 1616 Missouri Boulevard, Jefferson City, MO 65109. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.

Title 2—DEPARTMENT OF AGRICULTURE
Division 80—State Milk Board
Chapter 3—Production and Distribution of Grade "A"
Retail Raw Milk and Milk Products

#### PROPOSED AMENDMENT

**2 CSR 80-3.120 Enforcement Interpretation**. The board is amending the purpose and section (1).

PURPOSE: This amendment deletes outdated information in the rule purpose, updates information regarding a manual, and makes minor grammatical changes.

PURPOSE: This rule provides regulations pertaining to enforcement interpretation. [This rule was previously known as Section 12.]

(1) These regulations shall be enforced by the state authority primarily in accordance with the interpretations contained in *Grade "A" Pasteurized Milk Ordinance [with Administration Procedures—1989 Recommendations]* (PMO), 2011 Revision of the United States Department of Health and Human Services, Public Health Service[/], Food and Drug Administration [a certified copy of which is on file with the secretary of state].

AUTHORITY: section 196.939, RSMo [Supp. 1993] 2000. Original rule filed June 20, 1973, effective June 30, 1973. Amended: Filed July 24, 2012.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the State Milk Board, 1616 Missouri Boulevard, Jefferson City, MO 65109. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.

Title 2—DEPARTMENT OF AGRICULTURE
Division 80—State Milk Board
Chapter 3—Production and Distribution of Grade "A"
Retail Raw Milk and Milk Products

#### PROPOSED AMENDMENT

2 CSR 80-3.130 Adoption of the Grade "A" Pasteurized Milk Ordinance [with Administrative Procedures—1989 Recommendations] (PMO), 2011 Revision of the United States Department of Health and Human Services, Public Health Service[/], Food and Drug Administration by Reference. The board is amending the title, purpose, and text of the rule.

PURPOSE: This amendment updates the version of the Grade "A" Milk Ordinance (PMO) and makes minor grammatical changes.

PURPOSE: The Grade "A" Milk Ordinance [with Administrative Procedures—1989 Recommendations] (PMO), 2011 Revision of the United States Department of Health and Human Services, Public Health Service[/], Food and Drug Administration is a recommended ordinance for adoption by state and local governments for the sanitary control of Grade "A" milk and milk products.

The Grade "A" Pasteurized Milk Ordinance [with Administrative Procedures—1989 Recommendations] (PMO), 2011 Revision of the United States Department of Health and Human Services, Public Health Service[/], Food and Drug Administration establishes minimum standards which must be complied with for satisfactorily producing Grade "A" retail raw milk. The document further contains administrative procedures which provide information as to satisfactory compliance with the required items of sanitation.

AUTHORITY: section 196.939, RSMo [Supp. 1993] 2000. Original rule filed June 20, 1973, effective June 30, 1973. Amended: Filed July 24, 2012.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the State Milk Board, 1616 Missouri Boulevard, Jefferson City, MO 65109. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.

Title 2—DEPARTMENT OF AGRICULTURE
Division 80—State Milk Board
Chapter 6—Requirements for the Missouri Dairy Law

#### PROPOSED AMENDMENT

2 CSR 80-6.011 Specifications for the Construction and Operation of Facilities and Installation of Equipment for the Production and Processing of Manufacturing Milk and Milk Products. The board is amending sections (1) and (2).

PURPOSE: This proposed amendment is being updated to correspond with the current "Milk for Manufacturing Purposes and Its Production and Processing," United States Department of Agriculture, Agriculture Marketing Service, Dairy Programs, Effective July 21, 2011.

PUBLISHER'S NOTE: The secretary of state has determined that the publication of the entire text of the material which is incorporated by reference as a portion of this rule would be unduly cumbersome or expensive. This material as incorporated by reference in this rule shall be maintained by the agency at its headquarters and shall be made available to the public for inspection and copying at no more than the actual cost of reproduction. This note applies only to the reference material. The entire text of the rule is printed here.

(1) The Missouri State Milk Board adopts by reference [Subparts B-F of the United States Department of Agriculture, [Consumer and] Agriculture Marketing Service, Dairy Program's recommended requirements entitled "Milk for Manufacturing Purposes and Its Production and Processing" [as published in the 37 FR 68] (1972), Part II except Subpart B-Definitions (a), (c), (e), (h)-(m), (r), and (t) not adopted by substituting wording or violative limits, or both, in sections B2 (L), (1), (2) and (3); C2, C3, C4, (a), (1-6), (d), (e); D1 (b), and (c) which redefines the term milk and lowers violation limits of milk tests conducted on manufacturing grade milk. Also adopted by reference are wording and violative limits published in the 58 FR 29911-13 for sections B2 (1), (J), (P) and C1, C5, C7, C8, except addendum wording for (b)(1) and (2), C9, C10, C11, C12, C13, C14, C15 and D5]. "Milk for Manufacturing Purposes and Its Production and Processing" recommended requirements published by the United States Department of Agriculture establishes minimum standards which must be complied with for satisfactorily producing and processing manufacturing grade milk and manufacturing grade milk products. [Also adopted by reference are new wording and violative limits published in the 61 FR No. 178, 48123-48124 for sections B2, (n), (o), C4 (a) (b) 1-8), (c 1-2) (d), C7 (a), (b), (c), (d), C8 (a)(1)(i-iv), (b)(1)(i-iv), (b)(3)(i-iv), C8 (1)(i-iv), (b) (1) (i-iv), (2), (3) (i-v), C10, C11 (a), (b) (1-2) (c) (1-4) (d) (e) (1-2), (f), E1.8 (a) (b)1.

(2) This is Missouri's addendum to the adopted United States Department of Agriculture, [consumer and] Agriculture [m]Marketing [s]Service, Dairy Program's recommended requirements entitled "Milk for Manufacturing Purposes and Its Production and Processing," [April 7, 1972, (Volume 37—Number 65, Part II, Page 7049, Sections C8(b)(1) and (2)).] July 21, 2011, hereby incorporated by reference as published by the United States Department of Agriculture, Agriculture Marketing Service, Dairy Program, 1400 Independence Ave. SW, Washington, DC 20250-0225. This rule does not incorporate any subsequent amendments or additions to the "Milk for Manufacturing Purposes and Its Production and Processing."

TRANSFER PRODUCERS—To be eligible to transfer from one (1) buyer to another, a producer cannot be under a stop sale order or under an animal health quarantine. When a producer discontinues milk delivery at one (1) plant and begins delivery to a different plant for any reason, the new buyer shall not accept the first delivery until s/he has requested from the previous buyer and received a copy of the record of the producer's milk quality covering the preceding ninety (90) days and a statement of the farm certification status and date of certification if any. The previous buyer shall forward information to the new buyer and the State Milk Board within twenty-four- (24-)[-] working hours after receipt of a written request unless the records have been destroyed by means over which s/he has no control. Provided that the new buyer may accept a producer's milk after making the request for the record by telephone and obtaining assurance from the previous buyer that the producer's milk may be accepted; the new buyer then shall make a written request to the old buyer for the producer's record. If the new buyer requests and fails to receive the quality record from the previous buyer within the allotted time, s/he shall report that fact to

the State Milk Board office for appropriate action.

AUTHORITY: section 196.540, RSMo [Supp. 1996] 2000. This rule previously filed as 2 CSR 30-21.011. Original rule filed Dec. 10, 1981, effective April 11, 1982. For intervening history, please consult the Code of State Regulations. Amended: Filed July 24, 2012.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the State Milk Board, 1616 Missouri Boulevard, Jefferson City, MO 65109. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.

## Title 2—DEPARTMENT OF AGRICULTURE Division 80—State Milk Board Chapter 6—Requirements for the Missouri Dairy Law

#### PROPOSED AMENDMENT

2 CSR 80-6.021 Protection and Transportation of Raw Milk and Cream. The board is amending sections (2), (3), and (5).

PURPOSE: This proposed amendment is updating wording in this rule which complies with section 196.540, RSMo, and other applicable parts of sections 196.520–196.610, RSMo, and establishes provisions for the protection and transportation of raw milk and cream.

- (2) Operators of vehicles used to transport bulk milk or cream from farm to plant, **receiving station**, **or transfer station** shall be licensed by the State Milk Board. A temporary bulk milk hauler's license shall be granted when the applicant has made application, paid the fee and satisfactorily passed a written examination. A permanent license renewable each year is acquired only after the bulk milk hauler attends an approved training course. The license is subject to suspension or revocation whenever any of the laws or rules are violated.
- (3) Procedures for bulk milk haulers of manufacturing milk shall be identical to those found in 2 CSR 80-2.070(6), except that a Grade "A" permit from the regulatory authority that administers provisions of the Pasteurized Milk Ordinance (2 CSR 80-2.070(6)) will not be required to haul milk for manufacturing purposes.
- (5) Cooling. Milk in cans shall be delivered to a receiving station within two (2) hours of milking. In the instance when stations are designed with collective nonindividual cooling tanks, the milk may be kept at the farm and cooled in cans of stainless steel construction to be delivered the following morning. The milk in cans must be cooled by the use of ice or refrigerant in an acceptable clean cooler located in the farm milkhouse, installed and designed to—1) adequately protect the milk from contamination and 2) allow adequate space for all other milk handling activities normally accomplished in the milkhouse. The milk shall be cooled immediately and the cooling method must be capable of cooling the milk to fifty degrees Fahrenheit (50 °F) within two (2) hours of milking and must maintain the milk at a temperature of fifty degrees Fahrenheit (50 °F) or below as indicated upon delivery to the receiving station. All new can milk receiving facilities shall be designed using individual

receiving, cooling tanks for each producer delivering to the station except as approved by the State Milk Board.

AUTHORITY: section 196.540, RSMo [1986] 2000. This rule previously filed as 2 CSR 30-21.021. Original rule filed Dec. 10, 1981, effective April 11, 1982. For intervening history, please consult the Code of State Regulations. Amended: Filed July 24, 2012.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the State Milk Board, 1616 Missouri Boulevard, Jefferson City, MO 65109. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.

## Title 2—DEPARTMENT OF AGRICULTURE Division 80—State Milk Board Chapter 6—Requirements for the Missouri Dairy Law

#### PROPOSED AMENDMENT

**2 CSR 80-6.041 Dairy Manufacturing Plant, Dairy Manufacturing Farm and Personnel Licensure**. The board is amending the purpose, section (1), paragraph (1)(A)6., and subsections (1)(D) and (E), deleting subsection (1)(G), and relettering as necessary.

PURPOSE: This proposed amendment updates needed licensure procedure for dairy plants, receiving stations, buyers of milk or cream, nonresident brokers, fieldsmen, graders, or bulk milk truck operators as required by law.

PURPOSE: This rule prescribes needed licensure procedure for dairy plants, receiving stations, [market testing laboratories,] buyers of milk or cream, nonresident brokers, fieldsmen, graders, or bulk milk truck operators as required by law.

- (1) It is unlawful for any person to operate a dairy manufacturing plant, receiving station, *[market testing laboratory,]* to buy milk or cream from Missouri producers, or to perform the duties of fieldman, grader, or bulk milk truck operator without a license.
- (A) A dairy manufacturing plant shall be issued a license upon satisfactory application and payment of the annual license fee to the State Milk Board. The license fee shall be based on annual butterfat or milk purchased from producers, or in the event milk or butterfat purchases cannot serve as a basis, the amount of milk, figured at the approximate average butterfat test of all milk marketed, that is required to produce the total pound volume of production during the past twelve (12) months ending June 30 as follows:
- 1. For any dairy manufacturing plant purchasing milk or milk products from Missouri, one hundred dollars (\$100); and for each 1,400,000 pounds of milk purchased, five dollars (\$5);
- 2. For any dairy manufacturing plant or buyer whose license is based on total pound volume of production of one hundred thousand (100,000) pounds or less, in this rule considered the equivalent of one (1) million pounds of milk, one hundred dollars (\$100); for each additional 1,400,000 pounds of milk, five dollars (\$5). The total volume is not construed to mean or include volume of products processed for the Commodity Credit Corporation by contract or volume of prepackaged cheese where basic form has not been changed;

- 3. For new dairy manufacturing plants where volume of the twelve (12) months previous to June 30 has not been established, the fee shall be five hundred dollars (\$500) and include site inspection, construction plan and label approval, inspections, and license to operate. License shall expire June 30;
- 4. The State Milk Board, or its agent, shall have the authority to examine the buying and production records of any dairy products manufacturing plant for verification of the butterfat tonnage purchased at the plant, or verification of total pound volume of production manufactured or processed at the plant, at any reasonable time that the State Milk Board shall elect to make the examination. Butterfat or milk volume should be reported so as not to include any butterfat or milk volume the second time due to transfer or sale from one (1) plant to another;
- 5. A dairy products manufacturing plant license shall not be transferable and shall not be movable from one (1) city or town to another city or town, but with the consent of the State Milk Board may be moved from one (1) location to another location in the same city or town; and
- 6. When a dairy products manufacturing plant licensed as described in this rule ceases to receive milk, process milk, or both, for thirty (30) consecutive days or longer, its dairy manufacturing plant license shall be automatically terminated with no refund of licensing fee. Prior to resumption of operations, reapplication shall be made for licensing and a sanitation inspection of plant facilities showing satisfactory compliance shall be conducted by a representative of the State Milk Board prior to authorizing a new license. New licenses issued as described shall require a license fee of *[ten]* one hundred dollars *[(\$10)]* (\$100) and shall expire June 30, if the plant has continuous operation.
- (D) No bulk milk pick-up tanker truck shall be operated without proof of annual inspection. Annual inspections shall be performed by the State Milk Board or its authorized regulatory agent with payment of a twenty-five dollar- (\$25-)[-] inspection fee.
- (E) A fieldman, prior to performing his/her duties in the state for a dairy manufacturing plant located either within or outside of Missouri processing either Grade "A" or manufacturing milk, must obtain a fieldman's license from the State Milk Board. This license, which also grants the authority to sample, test, or grade milk or cream, and to operate a bulk milk truck to pick up milk from farm producers, can be issued only to an individual free from communicable disease, who has passed a written examination grading seventy (70) or above, and has paid the annual fee of twenty-five dollars (\$25); the license may be renewed upon payment of the annual fee, unless previously revoked for cause. The license is not transferable.
- [(G) No person shall operate a market testing laboratory without a license to operate a market testing laboratory. An annual fee of three dollars (\$3) shall be required for the license. A market testing laboratory is any laboratory which performs milk fat testing for pay purposes or other quality testing as required by 2 CSR 80-6.011.]
- [(H)](G) No person shall operate a receiving station without a license to operate a receiving station. An annual fee of twenty-five dollars (\$25) shall be required for the license.
- [(1)](H) A Certificate of Free Sale and Sanitary Origin is required by many foreign governments to allow entry of milk and dairy products into their country. For each Certificate of Free Sale issued the fee shall be one hundred dollars (\$100).
- [(J)](I) All fees for license renewal and applications for licenses are to be considered nonrefundable at the time of receipt by the State Milk Board or its authorized representative.

AUTHORITY: section 196.540, RSMo 2000. This rule previously filed as 2 CSR 30-21.041. Original rule filed Dec. 10, 1981, effective April 11, 1982. For intervening history, please consult the **Code of State Regulations**. Amended: Filed July 24, 2012.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the State Milk Board, 1616 Missouri Boulevard, Jefferson City, MO 65109. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.

#### Title 20—DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION

Division 2010—Missouri State Board of Accountancy Chapter 2—General Rules

#### PROPOSED AMENDMENT

20 CSR 2010-2.061 Requirements for an Initial License to Practice. The board is proposing to amend section (1) and add subsections (1)(A)–(B).

PURPOSE: This amendment will allow the board to set licensure requirements for an applicant, who allows more than five (5) years to pass since completing his/her certified public accountant (CPA) exam, to have continuing professional education (CPE) that is similar to the requirements for reinstatement of a license.

- (1) Applicants for initial licensure shall meet the education requirements outlined in 20 CSR 2010-2.041 and successfully complete the examination requirements as outlined in 20 CSR 2010-2.150. Commencing on January 1, 2012, if the time elapsed since the applicant has successfully completed the examination requirement exceeds five (5) years, the applicant must complete forty (40) hours of continuing professional education (CPE), including two (2) hours in the area of ethics and—
- (A) That person submits evidence to the board that he or she has completed forty (40) hours of CPE during the twelve (12) months prior to making application for licensure; or
- (B) That person agrees to obtain the required forty (40) hours of CPE within sixty (60) days of applying for licensure.

AUTHORITY: sections 326.262 and 326.280, RSMo Supp. [2009] 2011. This rule originally filed as 4 CSR 10-2.061. Original rule filed Sept. 13, 1978, effective Jan. 13, 1979. For intervening history, please consult the Code of State Regulations. Amended: Filed July 26, 2012.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment has an estimated annual cost of compliance for the life of the rule that totals five hundred dollars (\$500) to twelve thousand dollars (\$12,000) annually for the life of the rule. It is anticipated that the costs will recur for the life of the rule, may vary with inflation, and are expected to increase at the rate projected by the Legislative Oversight Committee.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Missouri State Board of Accountancy, Pamela Hill, Executive Director, PO Box 613, Jefferson City, MO 65102-0613 or at mosba@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.

#### PRIVATE FISCAL NOTE

#### I. RULE NUMBER

Title 20 - Department of Insurance, Financial Institutions and Professional Registration Division 2010 - Missouri Board of Accountancy

Chapter 2 - General Rules

Proposed Rule - 20 CSR 2010-2.061 Requirements for an Initial License to Practice

Prepared July 26, 2012 by the Division of Professional Registration

#### II. SUMMARY OF FISCAL IMPACT

Estimate the number of entities by class which would likely be affected by the adoption of the proposed amendment:	Classification by type of the business entities which would likely be affected:	Estimated cost of compliance with the amendment by affected entities:
5 - 10	Applicants for Licensure Who Took Exam More than 5 Years Prior to Applying	\$500 - \$12,000
	(Continuing Professional Education Class Fees @ \$100 - \$1,200)	
	Estimated Annual Cost of Compliance for the Life of the Rule	

#### III. WORKSHEET

See table above.

#### IV. ASSUMPTION

- 1. The board estimates that approximately five to ten certified public accountant (CPA) applicants will need to obtain the additional forty continuing professional education (CPE) credits annually.
- 2. The board estimates that the costs will vary depending on the applicant's choice of CPE, but could range anywhere from \$100 to \$1,200.
- 3. It is not possible to estimate all costs (i.e., mileage, meals, and lodging) that a licensee could incur in obtaining the required continuing education.
- 4. It is anticipated that the total cost will recur for the life of the rule, may vary with inflation and is expected to increase at the rate projected by the Legislative Oversight Committee.

#### Title 20—DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION

Division 2010—Missouri State Board of Accountancy Chapter 4—Continuing Education Requirements

#### PROPOSED AMENDMENT

**20 CSR 2010-4.010 Effective Dates and Basic Requirements**. The board is proposing to amend subsection (1)(A).

PURPOSE: This amendment simplifies continuing professional education requirements, in the area of ethics, for licensed CPAs.

(1) The following requirements of continuing professional education apply to the renewal of licenses pursuant to section 326.286, RSMo:

(A) An applicant seeking renewal of a license shall have completed no less than one hundred twenty (120) hours of continuing professional education, complying with these rules during the three- (3-)[-] year period preceding renewal. Commencing on January 1, 2004, a minimum of twenty (20) hours of continuing professional education (CPE) is required in each calendar year. [Also commencing on January 1, 2004, a minimum of two (2) hours of the required twenty (20) hours per calendar year of CPE shall be in the area of ethics.] Commencing on January 1, 2012, a minimum of six (6) hours of the required one hundred twenty (120) hours of CPE in a three- (3-) year period preceding renewal shall be in the area of ethics. An applicant seeking renewal of a license shall demonstrate participation in a program of learning meeting the standards set forth in the Statement on Standards for Continuing Professional Education (CPE) Programs jointly approved by National Association of State Boards of Accountancy (NASBA) and American Institute of Certified Public Accountants (AICPA) as provided in 20 CSR 2010-4.020, or such other standards acceptable to the board;

AUTHORITY: section 326.271, RSMo Supp. [2009] 2011. This rule originally filed as 4 CSR 10-4.010. Original rule filed Nov. 5, 1984, effective Feb. 11, 1985. For intervening history, please consult the Code of State Regulations. Amended: Filed July 26, 2012.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more then five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more then five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Missouri State Board of Accountancy, Pamela Hill, Executive Director, PO Box 613, Jefferson City, MO 65102-0613 or at mosba@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.

#### Title 20—DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION

Division 2030—Missouri Board for Architects, Professional Engineers, Professional Land Surveyors, and Landscape Architects Chapter 4—Applications

#### PROPOSED RULE

20 CSR 2030-4.055 Criteria to File Application under section 324.008.1., RSMo, for a Temporary Courtesy License

PURPOSE: This rule states the requirements and procedures for a nonresident spouse of an active duty member of the military who is transferred to this state in the course of the member's military duty to obtain a temporary courtesy license to practice architecture, engineering, land surveying, or landscape architecture for one hundred eighty (180) days which may be extended, at the discretion of the board and upon receipt of an additional fee, for another one hundred eighty (180) days.

- (1) The board shall grant a temporary courtesy license to practice architecture, engineering, land surveying, and/or landscape architecture without examination to a "nonresident military spouse" as defined in section 324.008.1., RSMo, who provides proof that such applicant's qualifications meet or are at least equivalent to the requirements for initial licensure in this state and who provides the board the following:
  - (A) A completed application form;
- (B) A non-refundable application fee, as established by the board pursuant to rule, made payable to the board;
- (C) Verification sent directly to the board from the state, district, or territory from where the applicant holds a current and active license verifying that the applicant holds a current and active license;
- (D) Proof that the applicant has been engaged in active practice in the state, district, or territory of the United States in which the applicant is currently licensed for at least two (2) years in the five (5) years immediately preceding this application;
- (E) Verification sent directly to the board from the state, district, or territory of the United States in which the applicant was initially licensed verifying that—
- 1. The applicant is, or was at the time of licensure, in good standing;
- 2. The applicant has not committed an act in any jurisdiction that would have constituted grounds for the refusal, suspension, or revocation of a license or certificate to practice at the time the act was committed; and
- 3. The applicant has not been disciplined by a licensing or credentialing entity in another jurisdiction and is not the subject of an unresolved complaint, review procedure, or disciplinary proceeding by a licensing or credentialing entity in another jurisdiction;
- (F) If the board is unable to determine if the licensing requirements of the state, district, or territory in which the applicant was initially licensed are equivalent to Missouri's licensing requirements, the applicant shall submit documentation regarding the licensing requirements equivalency;
- (G) Any person applying for temporary licensure as a professional land surveyor shall be required to take and pass the written Land Surveyor Missouri Specific Examination covering Missouri surveying practice and Missouri statutes and rules relating to the practice of land surveying; and
- (H) Such additional information as the board may request to determine eligibility for a temporary courtesy license.

AUTHORITY: section 324.008.1., RSMo Supp. 2011. Original rule filed July 26, 2012.

PUBLIC COST: This proposed rule will cost state agencies or political subdivisions approximately three dollars (\$3) annually for the life of the rule. It is anticipated that the costs will recur for the life of the rule, may vary with inflation, and is expected to increase at the rate projected by the Legislative Oversight Committee.

PRIVATE COST: This proposed rule will cost private entities approximately one hundred eighty-five dollars (\$185) annually for the life of the rule. It is anticipated that the costs will recur for the life of the rule, may vary with inflation, and are expected to increase at the rate projected by the Legislative Oversight Committee.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rule with the Missouri Board of Architects, Professional Engineers, Professional Land Surveyors and Landscape Architects, PO Box 184, Jefferson City, MO 65102, via facsimile at (573) 751-8046, or via email at moapels@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.

#### **PUBLIC FISCAL NOTE**

#### I. RULE NUMBER

Title 20 -Department of Insurance, Financial Institutions and Professional Registration
Division 2030 - Architects, Professional Engineers, Professional Land Surveyors, and Landscape Architects
Chapter 4 - Applications

Proposed Amendment to 20 CSR 2030-4.055 Criteria to File Application Under Section 324.008.1, RSMo for a Temporary Courtesy License

Prepared July 10, 2012 by the Division of Professional Registration

#### II. SUMMARY OF FISCAL IMPACT

Affected Agency or Political Subdivision	Estimated Costs	
Missouri Board for Architects, Professional		\$2.85
Engineeers, Professional Land Surveyors, and	Ĭ.	to
Landscape Architects	- 1720 O	\$2.98
	Total Annual Cost of	Ę
	Compliance for the Life of the	
	Rule	\$3.00

#### III. WORKSHEET

The Processing Technician II provides technical support, processes applications for licensure, and responds to inquiries related to the licensure law and/or rules and regulations.

#### **Personal Service**

STAFF	ANNUAL SALARY RANGE	SALARY TO INCLUDE FRINGE	HOURLY SALARY	COST PER MINUTE	TIME PER APPLICATION	COST PER APPLICATION		TOTAL COST
Processing Technician II	\$24,579 10	to	\$17.81 to	\$0.30	5 minutes	\$1.48		\$1.48
	\$26,640	\$40,146	\$19.30	\$0.32		\$1.61		\$1.61 <b>\$1.48</b>
						nal Service Cos Year of Implei	9	B 1

**Expense and Equipment** 

Item	Cost	Quantity	Total Cost Per Item
Correspondence Mailing	\$0.65	1	\$0.65
Permit Printing and Postage	\$0.72	Ī	\$0.72
	Total Expense and	Equipment Costs	\$1.37

#### IV. ASSUMPTIONS

1. Employees' salaries were calculated using the annual salary multiplied by 50.70% for fringe benefits and then divided by 2080 hours per year to determine the hourly salary. The hourly salary was then divided by 60 minutes to determine the cost per minute. The cost per minute was then multiplied by the amount of time individual staff spent on the processing of applications or renewals. The total cost was based on the cost per application multiplied by the estimated number of applications.

Note: The public fiscal note for this rule only reflects the cost for this particular process. However, private entity fees are set at an amount to cover the total actual cost incurred by the office, which includes personal service, expense and equipment and transfers.

#### PRIVATE FISCAL NOTE

#### I. RULE NUMBER

Title 20 -Department of Insurance, Financial Institutions and Professional Registration
Division 2030 - Architects, Professional Engineers, Professional Land Surveyors, and Landscape
Architects

Chapter 4 - Applications

**Proposed Amendment to 20 CSR 2030-4.055** Criteria to File Application Under Section 324.008.1, RSMo for a Temporary Courtesy License

Prepared July 10, 2012 by the Division of Professional Registration

#### II. SUMMARY OF FISCAL IMPACT

Estimate the number of entities by class which would likely be affected by the adoption of the proposed amendment:	Classification by type of the business entities which would likely be affected:	Estimated cost of compliance with the amendment by affected entities:
1	Missouri Specific Land Surveyor Examination	
2222	(Examination Fee @ \$100)	\$100
1	Missouri Specific Land Surveyor Re-examination	
70.00	(Re-examination Fee @ \$75)	\$75
1	Verification Fee	
	(Verification Fee @ \$10)	\$10
1	Verification Postage	
300 3000 300	(Postage @ \$0.45)	\$0.45
	Estimated Annual Cost of the Amendment	
	for the Life of the Rule	\$185

#### III. WORKSHEET

See Table Above

#### IV. ASSUMPTIONS

- The board anticipates that there will be very few nonresident military spouse temporary courtesy
  license applicants. The board believes that most applicants will opt to file an application and pay
  the comity fee as it is good for two years and can be obtained by submitting the same
  requirements.
- 2 Applicants may incur minimal travel expenses to take the Missouri Specific Land Surveyor Examination. However, travel expenses are not being calculated in this fiscal note due to the various geographic locations and potential travel distances of the applicants.
- 3. The Missouri Specific Land Surveyor Examination fee of \$100 and the \$75 fee each time thereafter is paid directly to the National Council of Examiners for Engineering and Surveying (NCEES) and not to the board.

- 4. Most states have eliminated the verification fee, however, the \$10 amount is an average verification fee charged by the remaining states.
- 5. It is anticipated that the total costs will recur for the life of the rule, may vary with inflation and is expected to increase at the rate projected by the Legislative Oversight Committee.expected to increase at the rate projected by the Legislative Oversight Committee.

Note: The board is statutorily obligated to enforce and administer the provisions of Chapter 327, RSMo. Pursuant to section 327.431, RSMo, the board shall by rule and regulation set the amount of fees authorized by Chapter 327, RSMo so that the revenue produced is sufficient, but not excessive, to cover the cost and expense to the board for administering the provisions of Chapter 327, RSMo.

#### Title 20—DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION

Division 2030—Missouri Board for Architects, Professional Engineers, Professional Land Surveyors, and Landscape Architects Chapter 6—Fees

#### PROPOSED AMENDMENT

20 CSR 2030-6.015 Application, Renewal, Reinstatement, Relicensure, and Miscellaneous Fees. The board is amending subsection (1)(X), adding new subsection (1)(Y), and renumbering a subsequent subsection.

PURPOSE: This rule is being amended to include a fee for a temporary courtesy license for nonresident spouses of active duty members of the military who are transferred to this state in the course of the members' military duty and to eliminate the verification fee.

(1) The following fees are established by the Missouri Board for Architects, Professional Engineers, Professional Land Surveyors, and Landscape Architects:

[(X) Verification Fee	\$ 10)
(X) Temporary Courtesy License Application Filing	
Fee for nonresident military spouse	\$ 50
(Y) Temporary Courtesy License Extension Fee	
for nonresident military spouse	\$ 50
[(Y)](Z) Evaluation of Non-Accredited Engineering	
Degrees	\$300

AUTHORITY: sections 324.008 and 327.041, RSMo Supp. [2010] 2011. This rule originally filed as 4 CSR 30-6.015. Emergency rule filed Aug. 12, 1981, effective Aug. 22, 1981, expired Dec. 10, 1981. Original rule filed Aug. 12, 1981, effective Nov. 12, 1981. For intervening history, please consult the Code of State Regulations. Amended: Filed July 26, 2012.

PUBLIC COST: This proposed amendment will cost state agencies approximately forty-seven thousand nine hundred dollars (\$47,900) annually for the life of the rule. It is anticipated that the costs will recur for the life of the rule, may vary with inflation, and are expected to increase at the rate projected by the Legislative Oversight Committee.

PRIVATE COST: This proposed amendment will save private entities approximately forty-eight thousand three hundred thirty-one dollars (\$48,331) annually for the life of the rule. It is anticipated that the costs will recur for the life of the rule, may vary with inflation, and are expected to increase at the rate projected by the Legislative Oversight Committee.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Missouri Board of Architects, Professional Engineers, Professional Land Surveyors and Landscape Architects, PO Box 184, Jefferson City, MO 65102, via facsimile at (573) 751-8046, or via email at moapels@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.

#### PUBLIC FISCAL NOTE

#### I. RULE NUMBER

Title 20 -Department of Insurance, Financial Institutions and Professional Registration
Division 2030 - Architects, Professional Engineers, Professional Land Surveyors, and Landscape Architects
Chapter 4 - Applications

Proposed Amendment to 20 CSR 2030-6.015 Application, Renewal, Reinstatement, Relicensure, and Miscellaneous Fees Prepared July 10, 2012 by the Division of Professional Registration

#### II. SUMMARY OF FISCAL IMPACT

Affected Agency or Political Subdivision	Estimated Loss of Reven	ue
Missouri Board for Architects, Professional Engineeers, Professional Land Surveyors, and Landscape Architects	3	\$47,900
٥	Estimated Annual Loss of Revenue for the Life of the Rule	\$47,900

#### III. WORKSHEET

See Private Fiscal Note

#### IV. ASSUMPTIONS

The required collection of the verification fee is currently a barrier to the board's ability to provide electronic verifications
to other states. The elimination of this fee will increase efficiencies of the board. Therefore, some of the loss of revenue
will be offset by the savings related to the printing and mailing of these verifications.

Note: The public fiscal note for this rule only reflects the cost for this particular process. However, private entity fees are set at an amount to cover the total actual cost incurred by the office, which includes personal service, expense and equipment, and transfers.

#### PRIVATE FISCAL NOTE

#### I. RULE NUMBER

Title 20 -Department of Insurance, Financial Institutions and Professional Registration
Division 2030 - Architects, Professional Engineers, Professional Land Surveyors, and Landscape
Architects

Chapter 6 - Fees

Proposed Amendment to 20 CSR 2030-6.015 Application, Renewal, Reinstatement, Relicensure, and Miscellaneous Fees

Prepared July 10, 2012 by the Division of Professional Registration

#### II. SUMMARY OF FISCAL IMPACT

Estimate Annual Cost Savings to Licensees		\$48,432
Estimated Annual Costs to Licensees		\$101
Estimated Annual Net Effect to Licensees	Cost Savings of	\$48,331

#### III. WORKSHEET

#### Savings

Estimate the number of entities by class which would likely be affected by the adoption of the proposed amendment:	Classification by type of the business entities which would likely be affected:	Estimated cost of compliance with the amendment by affected entities:
960	Verification Fee (Fee @ \$50)	\$48,000
960	Postage (Postage @ \$0.45)	\$432.00
	Estimated Annual Cost Savings for the Life of the Rule	

#### Costs

Estimate the number of entities by class which would likely be affected by the adoption of the proposed amendment:	Classification by type of the business entities which would likely be affected:	Estimated cost of compliance with the amendment by affected entities:
i	Temporary Courtesy License Application Fee (Application Fee @ \$50)	\$50
ί	Temporary Courtesy License Extension Fee (Extension Fee @ \$50)	\$50
2	Postage (Postage @ \$0.45)	\$0.90
	Estimated Annual Costs for the Life of the Rule	23/00/00/00/00/00

#### IV. ASSUMPTIONS

- 1. The numbers reported above are based on FY2011 actuals.
- 2. The required collection of this fee is currently a barrier to the board's ability to provide electronic verifications to other states. The elimination of this fee will increase efficiencies of the board.
- 3. The board anticipates that there will be very few nonresident military spouse temporary courtesy license applicants. The board believes that most applicants will opt to file an application and pay the comity fee as it is good for two years and can be obtained by submitting the same requirements.

Note: The board is statutorily obligated to enforce and administer the provisions of Chapter 327, RSMo. Pursuant to section 327.431, RSMo, the board shall by rule and regulation set the amount of fees authorized by Chapter 327, RSMo so that the revenue produced is sufficient, but not excessive, to cover the cost and expense to the board for administering the provisions of Chapter 327, RSMo. Therefore, the elimination of this fee will be compensated for by other fees charged by the board.

#### Title 20—DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION

Division 2030—Missouri Board for Architects, Professional Engineers, Professional Land Surveyors, and Landscape Architects Chapter 11—Renewals

#### PROPOSED AMENDMENT

20 CSR 2030-11.015 Continuing Professional Competency for Professional Engineers. The board is amending subsection (2)(D).

PURPOSE: Section 327.031, RSMo, was revised to increase the number of members comprising the Professional Engineering Division of the board from three (3) members to four (4). This change took effect on August 28, 2010. Therefore, subsection (2)(D) of this rule is being amended to reflect that change.

#### (2) Definitions.

(D) Professional engineering division. The [three- (3-)] four- (4-) member division of the board that concerns itself with the profession of engineering.

AUTHORITY: sections 327.031 and 327.041, RSMo Supp. 2011, and section 327.261, RSMo 2000. This rule originally filed as 4 CSR 30-11.015. Original rule filed Nov. 1, 2001, effective June 30, 2002. For intervening history, please consult the Code of State Regulations. Amended: Filed July 26, 2012.

PUBLIC COST: This proposed amendment will cost state agencies approximately two thousand three hundred thirty-two dollars (\$2,332) annually for the life of the rule. It is anticipated that the costs will recur for the life of the rule, may vary with inflation, and are expected to increase at the rate projected by the Legislative Oversight Committee.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Missouri Board of Architects, Professional Engineers, Professional Land Surveyors and Landscape Architects, PO Box 184, Jefferson City, MO 65102, via facsimile at (573) 751-8046, or via email at moapels@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.

#### PUBLIC FISCAL NOTE

#### I. RULE NUMBER

Title 20 - Department of Insurance, Financial Institutions and Professional Registration

Division 2030 - Board for Architects, Professional Engineers, Professional Land Surveyors, and Landscape Architects Chapter 11 - Renewals

Proposed Rule - 20 CSR 2030-11.015 Continuing Professional Competency for Professional Engineers

Prepared July 10, 2012 by the Division of Professional Registration

#### II. SUMMARY OF FISCAL IMPACT

Estimate the number of entities by class which would likely be affected by the adoption of the proposed rule:	Classification by type of the business entities which would likely be affected:	Estimated cost of compliance with the rule by affected entities during the first year of implementation:  \$400	
1	Board Member Compensation (Compensation for Board Meetings @ 4 meetings per yr @ 2 days @ \$50 per day)		
1	Board Member Compensation (Compensation for Weekly Review @ 7 days @ \$50 per day)		
1	Board Member Compensation (Compensation for 10 Conference Calls @ \$6.25 per call)	\$63	
1	Mileage - Board Member Travel to Meetings (Four Meetings @ \$.37 for 240 miles)	\$355	
1	Meals (Meals Reimbursement @ 4 meetings @ 2 days/meeting @ \$30)	\$240	
1	Lodging for Board Meetings (Lodging @ \$77 a night)	\$924	
	Estimated Cost of Compliance During the First Year of Implementation	\$2,332	

#### III. WORKSHEET

See above.

#### IV. ASSUMPTION

- 1. The figures reported above are based on FY11 actuals.
- 2. Board members meet face-to-face, at a minimum, four times per year. These meetings are two (2) full days usually requiring three nights lodging due to early start times and late finishing times.
- 3. The board averages approximately ten (10) conference calls per year, each lasting one hour in duration.
- Board members receive a weekly packet of board materials (consisting of 130 pages on average) every Friday for their review.
- 5. The meal costs are based on Missouri's meal per diem rates. There would be three full days of meals for each board meeting.
- The lodging costs are based on the U.S. General Services Administration's Contenental United States (CONUS) annual rates.
- 7. It is anticipated that the total costs will recur for the life of the rule, may vary with inflation, and are expected to increase at the rate projected by the Legislative Oversight Committee.

#### Title 20—DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION

Division 2110—Missouri Dental Board Chapter 2—General Rules

#### PROPOSED RESCISSION

**20 CSR 2110-2.120 Dental Assistants**. This rule expanded the functions a dental assistant may perform under the dentist's direct supervision.

PURPOSE: During the 2010 legislative session, the Missouri General Assembly passed HB 2226, which, in part, requires dental assistants performing expanded function duties to obtain a permit from the Missouri Dental Board. This rule is being rescinded and readopted to establish the requirements for obtaining and renewing an expanded functions permit and more clearly define expanded function duties that can be delegated to a dental assistant.

AUTHORITY: section 332.031.2, RSMo 1994. This rule originally filed as 4 CSR 110-2.120. Original rule filed Dec. 12, 1975, effective Jan. 12, 1976. For intervening history, please consult the Code of State Regulations. Rescinded: Filed July 26, 2012.

PUBLIC COST: This proposed rescission will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed rescission will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rescission with the Missouri Dental Board, PO Box 1367, Jefferson City, MO 65102-1367, by facsimile at (573) 751-8216, or via email at dental@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.

#### Title 20—DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION

Division 2110—Missouri Dental Board Chapter 2—General Rules

#### PROPOSED RULE

#### 20 CSR 2110-2.120 Dental Assistants

PURPOSE: This rule expands the functions a dental assistant may perform under the dentist's direct supervision.

#### (1) Definitions.

- (A) Accredited dental assisting program—A dental assisting educational program accredited by the Commission on Dental Accreditation of the American Dental Association.
- (B) Certified dental assistant—A dental assistant who is currently certified by the Dental Assisting National Board, Inc.
- (C) Dental assistant—An employee of a duly registered and currently licensed dentist in Missouri, other than either a dental hygienist or a certified dental assistant.
- (D) Dental auxiliary—Either a dental assistant or certified dental assistant as defined in subsections (1)(B) and (C).
- (E) Direct supervision—The following conditions must be satisfied for direct supervision to apply:
  - 1. The dentist is in the dental office or treatment facility;

- 2. The dentist has personally diagnosed the condition to be treated;
  - 3. The dentist has personally authorized the procedures;
- The dentist remains in the dental office or treatment facility while the procedures are being performed by the dental auxiliary;
- 5. The dentist evaluates the performance of the dental auxiliary before the dismissal of the patient.
- (F) Expanded functions approved course provider—A provider of expanded functions curriculum and competency testing approved by the Missouri Dental Board.
- (G) Expanded functions permit—A permit issued by the Missouri Dental Board authorizing a dental assistant, certified dental assistant, or Missouri licensed dental hygienist to perform expanded functions duties upon delegation from a Missouri licensed dentist. Expanded functions permits will be issued in the following categories: restorative I, restorative II, removable prosthodontics, fixed prosthodontics, and orthodontics.
- (H) Missouri Test of Basic Dental Assisting Skills—A test of basic knowledge of dental assisting approved by the board including terminology, principles of asepsis, disinfection and sterilization, and other concepts of dental assisting deemed necessary to master courses in more advanced assisting functions.
- (I) Proof of competence—Documentation, such as a diploma, a certificate of mastery, or a letter from an approved course provider or competency testing agent stating that the dental auxiliary has successfully completed a board-approved course of training and competency testing of that training.

#### (2) Prohibited Acts.

- (A) A registered and currently licensed dentist may not delegate to a dental assistant or certified dental assistant, as defined in subsections (1)(B) and (C) respectively, the performance of the following procedures:
- 1. Diagnosis, including interpretation of dental radiographs and treatment planning;
  - 2. Cutting of tooth structure;
- 3. Surgical procedures on hard and soft tissues including, but not limited to, the removal of teeth and the cutting and suturing of soft tissues:
- 4. The prescription, injection, and parenteral administration of drugs;
  - 5. The final bending of archwire prior to ligation;
  - 6. The scaling of teeth; and
- 7. Administration of nitrous oxide-oxygen analgesia except that a dental assistant or certified dental assistant may assist in the administration of and monitor nitrous oxide-oxygen analgesia with specific training as provided in section (3) of this rule.

#### (3) Permitted Acts.

- (A) A dental assistant or certified dental assistant may assist in the administration of and monitor nitrous oxide analgesia under direct supervision if s/he—
- 1. Has successfully completed formal certified training in a course approved by the Missouri Dental Board; and
- 2. Has successfully passed an approved competency test regarding the clinical and didactic training; or
- 3. Has been certified in another state to assist in the administration of and monitor nitrous oxide subsequent to equivalent training and testing. The dental assistant may qualify to perform these functions by presenting proof of competence of this equivalent training and testing to the Missouri Dental Board.

#### (4) Expanded Functions Permits.

(A) Effective December 1, 2012, a currently licensed dentist may delegate, under direct supervision, functions listed in subsection (4)(H) of this rule to a dental assistant possessing a board-issued permit authorizing the dental assistant to perform expanded functions

duties. To qualify for a board-issued permit to perform expanded functions duties, the dental assistant must provide the board with the following:

- 1. Proof of certification as a certified dental assistant from the Dental Assisting National Board and proof of competence as defined in subsection (1)(I) showing graduation from an accredited dental assisting program in which competency testing in the appropriate expanded functions category was completed; or
- 2. Proof of certification as a certified dental assistant from the Dental Assisting National Board and proof of competence as defined in subsection (1)(I) showing the dental assistant has completed a board-approved expanded functions training course; or
- 3. Proof of competence as defined in subsection (1)(I) showing that the dental assistant has passed the board's Missouri Test of Basic Dental Assisting Skills and that the dental assistant has completed a board-approved expanded functions training course; and
- 4. Evidence of current certification in the American Heart Association's Basic Life Support for the Healthcare Provider (BLS), or an equivalent certification approved by the Missouri Dental Board. Board-approved courses shall meet the American Heart Association guidelines for cardiopulmonary resuscitation (CPR) and emergency cardiovascular care (ECC) and provide written and manikin testing on the course material by an instructor who is physically present with the students. Online only courses will not be accepted to satisfy the BLS requirement.
- (B) The board shall issue the appropriate expanded functions permit upon receipt of a completed application form, payment of the appropriate fee specified in 20 CSR 2110-2.170, and proof of competence as defined in subsection (1)(I) that the dental assistant has complied with the requirements of subsection (4)(A) of this rule. The requirements of this section must be completed within one (1) year of the date of submission of the application form. The board-issued expanded functions permit must be displayed in plain view in any facility where the dental assistant will be providing expanded functions prior to delegation of expanded functions to that dental assistant.
- (C) Any dental assistant or certified dental assistant to whom a dentist could legally delegate expanded functions duties prior to December 1, 2012, or any dental assistant or certified dental assistant who meets the qualifications for a board-issued expanded functions permit prior to December 1, 2012, may submit their proof of competence to the Missouri Dental Board and be issued an expanded functions permit prior to December 1, 2012.
- (D) Beginning March 1, 2013, every expanded functions permit issued by the board shall be renewed every five (5) years. In order to renew an expanded functions permit, the dental assistant shall submit to the board—
- 1. A completed renewal application form provided by the board for each permit the permit holder wishes to renew;
- 2. The renewal fee specified in 20 CSR 2110-2.170 payable to the Missouri Dental Board for each permit the permit holder wishes to renew:
- 3. Satisfactory evidence of completion of sixteen (16) hours of continuing education from board-approved sponsors as specified in 20 CSR 2110-2.240(1)(C) during the five- (5-) year period immediately preceding the expiration date. All sixteen (16) hours of continuing education for renewal must be directly related to the updating and maintaining of knowledge and skills in the treatment, health, and safety of the individual dental patient. Permit holders shall only be required to complete sixteen (16) hours of continuing education regardless of the number of permits the permit holder wishes to renew. Each permit holder shall maintain documentation of completion of the required continuing education hours for five (5) years after the completion of the permit period in which the continuing education was earned.
- 4. Evidence of current certification in the American Heart Association's Basic Life Support for the Healthcare Provider (BLS), or an equivalent certification approved by the Missouri Dental

Board. Board-approved courses shall meet the American Heart Association guidelines for cardiopulmonary resuscitation (CPR) and emergency cardiovascular care (ECC) and provide written and manikin testing on the course material by an instructor who is physically present with the students. Online only courses will not be accepted to satisfy the BLS requirement.

#### (5) Categories.

- (A) Functions delegable to a dental assistant possessing a board-issued permit to perform expanded functions are divided into five (5) categories; restorative I, restorative II, removable prosthodontics, fixed prosthodontics, and orthodontics and are listed below by category.
  - 1. Restorative I—
    - A. Sizing and cementing of prefabricated crowns;
- B. Placing, condensing, and carving amalgam for Class I, V, and VI restorations;
  - C. Placing composite for Class I, V, and VI restorations; and
- D. Minor palliative care of dental emergencies (place sedative filling).
  - 2. Restorative II-
    - A. Sizing and cementing of prefabricated crowns;
- B. Placing, condensing, carving, and finishing amalgam for Class I, II, III, IV, V, and VI restorations;
- C. Placing and finishing composite for Class I, II, III, IV, V, and VI restorations; and
- D. Minor palliative care of dental emergencies (place sedative filling).
  - 3. Orthodontics—
    - A. Preliminary bending of archwire;
    - B. Removal of orthodontic bands and bonds;
  - C. Final cementation of any permanent appliance or prosthe-
- D. Making impressions for the fabrication of any removable or fixed prosthesis/appliance; and
- E. Placement and cementation of orthodontic brackets and/or bands.
  - 4. Prosthodontics—Fixed—
- A. Place retraction cord in preparation for fixed prosthodontic impressions;
  - B. Extra-oral adjustments of fixed prosthesis;
- C. Extra-oral adjustments of removable prosthesis during and after insertion:
- D. Final cementation of any permanent appliance or prosthesis; and
- E. Making impressions for the fabrication of any removable or fixed prosthesis/appliance.
  - 5. Prosthodontics—Removable—
- A. Placement of temporary soft liners in a removable prosthesis;
- B. Extra-oral adjustments of removable prosthesis during and after insertion;
- C. Minor palliative care of dental emergencies (place sedative filling); and
- D. Making impressions for the fabrication of any removable or fixed prosthesis/appliance.
- (6) Expanded Functions Course Providers.
- (A) The board may approve expanded functions course providers that satisfy the following minimum criteria:
  - 1. Uses course curriculum approved by the board;
- 2. Demonstrates that faculty at each course include at least one (1) dentist and that the student to faculty ratios do not exceed one (1) faculty member per ten (10) students;
- 3. Demonstrates that adequate faculty calibration occurs to insure that educational standards are maintained;
- 4. Demonstrates that adequate testing, monitoring, and evaluation is in place to assure that graduates can be certified as having

attained mastery of the component skills and concepts in a laboratory setting; and

5. Demonstrates that mechanisms are in place to provide the board with data on the outcomes of expanded functions duty dental assisting training by reporting on follow-up blind surveys of certificated assistants, supervising dentists, and patients.

#### (7) Delegated Acts.

- (A) A currently licensed dentist may delegate under direct supervision to a dental assistant or certified dental assistant any functions not specifically referenced in sections (2)–(4) of this rule and not considered either the practice of dentistry or the practice of dental hygiene as defined in sections 332.071 and 332.091, RSMo, and 4 CSR 110-2.130.
- (B) The licensed dentist is responsible for determining the appropriateness of delegation of any specific functions based upon knowledge of the skills of the auxiliary, the needs of the patient, the requirements of the task, and whether proof of the competence is required.
- (C) Pursuant to section 332.031.2., RSMo, the licensed dentist is ultimately responsible for patient care. Nothing contained in the authority given the licensed dentist by this rule to delegate the performance of certain procedures shall in any way relieve the supervising licensed dentist from liability to the patient for negligent performance by a dental assistant or certified dental assistant. Expanded functions permits shall be subject to discipline as provided in section 332.321, RSMo.

AUTHORITY: section 332.031.2., RSMo 2000, and sections 332.011 and 332.098, RSMo Supp. 2011. This rule originally filed as 4 CSR 110-2.120. Original rule filed Dec. 12, 1975, effective Jan. 12, 1976. For intervening history, please consult the Code of State Regulations. Rescinded and readopted: Filed July 26, 2012.

PUBLIC COST: This proposed rule will cost state agencies or political subdivisions approximately forty-six thousand twenty-nine dollars and ninety-three cents to forty-eight thousand five hundred eighteen dollars and sixty-five cents (\$46,029.93 to \$48,518.65) during the first year of implementation and approximately one thousand three hundred twenty-two dollars and forty cents to one thousand three hundred ninety-seven dollars and six cents (\$1,322.40 to \$1,397.06) beginning in FY14 and recurring annually for the life of the rule. It is anticipated that the costs will recur for the life of the rule, may vary with inflation, and are expected to increase at the rate projected by the Legislative Oversight Committee.

PRIVATE COST: This proposed rule will cost private entities approximately two hundred four thousand five hundred dollars (\$204,500) during the first year of implementation and approximately six thousand one hundred thirty-five dollars (\$6,135) beginning in FY14 and recurring annually for the life of the rule. It is anticipated that the costs will recur for the life of the rule, may vary with inflation, and are expected to increase at the rate projected by the Legislative Oversight Committee.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rule with the Missouri Dental Board, PO Box 1367, Jefferson City, MO 65102-1367, by facsimile at (573) 751-8216, or via email at dental@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.

#### PUBLIC FISCAL NOTE

#### I. RULE NUMBER

Title 20 - Department of Insurance, Financial Institutions and Professional Registration

Division 2110 - Missouri Dental Board

Chapter 2 - General Rules

Proposed Rule - 20 CSR 2110-2.120 Dental Assistants

Prepared July 19, 2012 by the Division of Professional Registration

#### II. SUMMARY OF FISCAL IMPACT

Affected Agency or Political Subdivision	Estimated Cost of Compliance During the First Year of Implementation		
	-	\$46,029.93	
Missouri Dental Board		to	
		\$48,518.65	
		\$46,029.93	
	Total Cost of Compliance	to	
	During the First Year of Implementation	\$48,518.65	
Afficial Access Deltated C. E. St. C.	Estimated Cost of Compliance Beginning in	FY14 and	

Affected Agency or Political Subdivision	Estimated Cost of Compliance Beginning in FY14 and Recurring Annually Thereafter		
		\$1,322.40	
Missouri Dental Board		to	
		\$1,397.06	
	Total Annual Cost of Compliance	\$1,322.40	
	Beginning in FY14 and Recurring	to	
	for the Life of the Rule	\$1,397.06	

#### III. WORKSHEET

The Processing Technician II provides technical support, processes applications for licensure, and responds to inquiries related to the licensure law and/or rules and regulations. In this instance, the Processing Technician II will process, print, and mail each qualified and approved dental assistant their expanded-functions permits.

Personal Service Dollars During the First Year of Implementation

STAFF	ANNUAL SALARY RANGE	SALARY TO INCLUDE FRINGE BENEFIT	HOURLY SALARY	COST PER MINUTE	TIME PER APPLICATION	COST PÉR APPLICATION	NUMBER OF ITEMS	TOTAL COST
Processing Technician II	\$24,579 60 \$26,640	to	\$17.81 6 \$19.30	to	5 minutes	\$1.48 % \$1.61	expanded-	\$29,679.93 to \$32,168.65
						al Service Costs rst Year of Impl	- 1	\$29,679.93 to \$32,168.65

Personal Service Dollars Beginning in FY14 and Recurring Annually Thereafter

STAFF	ANNUAL SALARY RANGE	SALARY TO INCLUDE FRINGE BENEFIT	HOURLY SALARY	COST PER MINUTE	TIME PER APPLICATION	COST PER APPLICATION	NUMBER OF ITEMS	TOTAL COST
Processing Technician II	\$24,579 to \$26,640	to	\$17.81 6 \$19.30	to	<i>•</i>	\$1.48 to \$1.61	expanded-	\$890.40 to \$965.06
						Service Costs B		

Expense and Equipment Dollars During the First Year of Implementation

Item	Cost	Quantity	Total Cost Per Item
Correspondence Mailing	\$0.65	3,000	\$1,950.00
Permit Printing and			
Postage	\$0.72	20,000	\$14,400.00
	Total Expense and E	quipment Costs	\$16,350.00

Expense and Equipment Dollars Beginning in FY14 and Recurring Annually Thereafter

Item	Cost	Quantity	Total Cost Per Item	
Permit Printing and				
Postage	\$0.72	600	\$432.00	
	Total Expense and E	Equipment Costs	\$432.00	

#### IV. ASSUMPTION

- 1. Employees' salaries were calculated using the annual salary multiplied by 50.70% for fringe benefits and then divided by 2080 hours per year to determine the hourly salary. The hourly salary was then divided by 60 minutes to determine the cost per minute. The cost per minute was then multiplied by the amount of time individual staff spent on the processing of applications or renewals. The total cost was based on the cost per application multiplied by the estimated number of applications.
- 2. The board will be mailing a notice to all licensed dentists (approximately 3000) to inform them of the new requirements for dental assistants and dental hygienists. (The costs for dental hygienists in 20 CSR 2110-2.130 are covered on this fiscal note).
- 3. The board estimates that there are approximately 10,000 dental assistants that are qualified for and will seek an average of 2 of the 5 expanded-functions permits that will be available.
- 4. The board anticipates that approximately 300 new dental assistants will become eligible for and seek to obtain an average of 2 of the 5 expanded-functions permits that will be available.
- 5. It is anticipated that the total costs will recur for the life of the rule, may vary with inflation, and are expected to increase at the rate projected by the Legislative Oversight Committee.

# PRIVATE FISCAL NOTE

# I. RULE NUMBER

Title 20 - Department of Insurance, Financial Institutions and Professional Registration

Division 2110 - Missouri Dental Board

Chapter 2 - General Rules

Proposed Rule - 20 CSR 2110-2.120 Dental Assistants

Prepared July 19, 2012 by the Division of Professional Registration

# II. SUMMARY OF FISCAL IMPACT

First Year of Implementation of Rule

Estimate the number of entities by class which would likely be affected by the adoption of the proposed rule:	Classification by type of the business entities which would likely be affected:	Estimated cost of compliance with the rule by affected entities:		
10,000	Dental Assistants Qualified for Expanded-Functions (Approximately 2 Per Qualified Individual)	\$200,000.00		
·	(Expanded-Functions Permit @ \$10/Per Permit)			
10,000	Dental Assistants Qualified for Expanded-Functions	\$4,500.00		
	(Postage @ \$0.45)	<u> </u>		
	Estimated Cost of Compliance During the First Year of Implementation			

Beginning in FY14 and Continuing Annually for the Life of the Rule

Estimate the number of entities by class which would likely be affected by the adoption of the proposed rule:	Classification by type of the business entities which would likely be affected:	Estimated cost of compliance with the rule by affected entities:
300	Dental Assistants Qualified for Expanded-Functions (Approximately 2 Per Qualified Individual)	\$6,000.00
	(Expanded-Functions Permit @ \$10/Per Permit)	
300	Dental Assistants Qualified for Expanded-Functions (Postage @ \$0.45)	\$135.00
	Estimated Cost of Compliance Beginning in FY14 and Continuing Annually for the Life of the Rule	

# III. WORKSHEET

See table above.

- 1. The above figures are based on estimates obtained from the Missouri Dental Association and the Missouri Dental Assistants Educators Association.
- 2. The board estimates that there are approximately 10,000 dental assistants that are qualified for and will seek an average of 2 of the 5 expanded-functions permits that will be available.
- 3. The board anticipates that approximately 300 new dental assistants will become eligible for and seek to obtain an average of 2 of the 5 expanded-functions permits that will be available.
- 4. It is anticipated that the total cost will recur for the life of the rule, may vary with inflation and is expected to increase at the rate projected by the Legislative Oversight Committee.

# Title 20—DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION Division 2110 Missouri Pontal Roard

Division 2110—Missouri Dental Board Chapter 2—General Rules

#### PROPOSED AMENDMENT

**20 CSR 2110-2.130 Dental Hygienists.** The board is proposing to amend subsection (5)(B) and section (11).

PURPOSE: This amendment implements House Bill 2226 (2010) which requires dental hygienists performing expanded functions duties obtain a permit from the board.

- (5) A hygienist may perform the following procedures under direct supervision:
- (B) Expanded functions in 20 CSR 2110-2.120 [with proof of competency, with the exception of periodontal procedures as outlined in section (3) of this rule, made available to the board upon request.] after receiving a permit to perform expanded functions duties issued by the Missouri Dental Board. Neither a Missouri basic skills test nor certification in dental assisting is required for a dental hygienist to take expanded functions courses. The board shall issue the appropriate expanded functions permit upon receipt of a completed application form, payment of the appropriate fee specified in 20 CSR 2110-2.170, and proof that the dental hygienist has completed a board-approved expanded functions training course. The requirements of this section must be completed within one (1) year of the date of submission of the application form. The board-issued expanded functions permit must be displayed in plain view in any facility where the dental hygienist will be providing expanded functions prior to delegation of expanded functions to that dental hygienist. Dental hygienists shall renew expanded functions permits in accordance with the requirements in 20 CSR 2110-2.120. A licensed dental hygienist may use continuing education hours obtained for license renewal to renew an expanded functions per-
- (11) For purposes of this rule, proof of competency means documentation verifying completion of didactic and clinical training and passage of competency testing of that training from a dental, dental hygiene, or dental assisting school accredited by the Commission on Dental Accreditation of the American Dental Association or [a board-approved sponsor as defined in 20 CSR 2110-2.240] other training courses approved by the Missouri Dental Board.

AUTHORITY: sections 332.031 and 332.091, RSMo 2000, and sections 332.071, 332.098, and 332.311, RSMo Supp. [2008] 2011. This rule originally filed as 4 CSR 110-2.130. Original rule filed Dec. 12, 1975, effective Jan. 12, 1976. For intervening history, please consult the Code of State Regulations. Amended: Filed July 26, 2012.

PUBLIC COST: This proposed amendment will cost state agencies or political subdivisions approximately nineteen thousand one hundred fifty-nine dollars and ninety-seven cents to twenty thousand four hundred four dollars and thirty-three cents (\$19,159.97 to \$20,404.33) during the first year of implementation and approximately six hundred sixty-one dollars and twenty cents to six hundred ninety-eight dollars and fifty-three cents (\$661.20 to \$698.53) beginning in FY14 and recurring annually for the life of the rule. It is anticipated that the costs will recur for the life of the rule, may vary with inflation, and are expected to increase at the rate projected by the Legislative Oversight Committee.

PRIVATE COST: This proposed amendment will cost private entities approximately sixty-one thousand three hundred fifty dollars (\$61,350) during the first year of implementation and approximately three thousand sixty-seven dollars and fifty cents (\$3,067.50) beginning in FY14 and recurring annually for the life of the rule. It is anticipated that the costs will recur for the life of the rule, may vary with inflation, and are expected to increase at the rate projected by the Legislative Oversight Committee.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Missouri Dental Board, PO Box 1367, Jefferson City, MO 65102-1367, by facsimile at (573) 751-8216, or via email at dental@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.

# PUBLIC FISCAL NOTE

#### I. RULE NUMBER

Title 20 - Department of Insurance, Financial Institutions and Professional Registration

Division 2110 - Missouri Dental Board

Chapter 2 - General Rules

Proposed Rule - 20 CSR 2110-2.130 Dental Hygienists

Prepared July 19, 2012 by the Division of Professional Registration

# II. SUMMARY OF FISCAL IMPACT

Affected Agency or Political Subdivision  Estimated Cost of Compliance Duri  Implementation		irst Year of	
" <del>" " " " " " " " " " " " " " " " " " </del>		\$19,159.97	
Missouri Dental Board		to	
<u> </u>		\$20,404.33	
	·"	\$19,159.97	
	Total Cost of Compliance	to \$20,404.33	
	During the First Year of Implementation		
Affected Agency or Political Subdivision	Estimated Cost of Compliance Beginning in Recurring Annually Thereafter		
-		\$661.20	
Missouri Dental Board		to	
		\$698.53	
	Total Annual Cost of Compliance	\$661.20	
	Beginning in FY14 and Recurring	to	
	for the Life of the Rule	\$698.53	

# III. WORKSHEET

The Processing Technician II provides technical support, processes applications for licensure, an responds to inquiries related to the licensure law and/or rules and regulations. In this instance the Processing Technician II will process, print, and mail each qualified and approved dental assistant their expanded-functions permit.

Personal Service Dollars During the First Year of Implementation

STAFF	ANNUAL SALARY RANGE	SALARY TO INCLUDE FRINGE BENEFIT	HOURLY SALARY	COST PER MINUTE	TIME PER APPLICATION	COST PER APPLICATION	NUMBER OF ITEMS	TOTAL COST
Processing Technician II	\$24,579 to \$26,640	to	\$17.81 to \$19.30	to	5 minutes	\$1.48 to \$1.61	expanded-	\$14,839.97 to \$16,084.33
Total Personal Service Costs During the First Year of Implementation								\$14,839.97 to \$16,084.33

Personal Service Dollars Beginning in FY14 and Recurring Annually Thereafter

STAFF	ANNUAL SALARY RANGE	SALARY TO INCLUDE FRINGE BENEFIT	HOURLY SALARY	COST PER MINUTE	TIME PER APPLICATION	COST PER APPLICATION	NUMBER OF ITEMS	TOTAL COST
Processing Technician II	\$24,579 \$26,640	to	\$17.81 to \$19.30	to	5 minutas	\$1.48 to: \$1.61	expanded-	\$445.20 to \$482.53
					Total Personal FY14 and Recu			

Expense and Equipment Dollars During the First Year of Implementation

Item	Cost	Quantity	Total Cost Per Item
Permit Printing and	1		
Postage	\$0.72	6,000	\$4,320.00
			•
	Total Expense and E	quipment Costs	\$4,320.00

Expense and Equipment Dollars Beginning in FY14 and Recurring Annually Thereafter

Item	Cost	Quantity	Total Cost Per Item
Permit Printing and			
Postage	\$0.72	300	\$216.00
	Total Expense and E	anipment Costs	\$216.00

- 1. Employees' salaries were calculated using the annual salary multiplied by 50.70% for fringe benefits and then divided by 2080 hours per year to determine the hourly salary. The hourly salary was then divided by 60 minutes to determine the cost per minute. The cost per minute was then multiplied by the amount of time individual staff spent on the processing of applications or renewals. The total cost was based on the cost per application multiplied by the estimated number of applications.
- 2. The board will be mailing a notice to all licensed dentists (approximately 3000) to inform them of the new requirements for dental assistants and dental hygienists. The costs for this are covered on the fiscal note for dental assistants (20 CSR 2110-2.120).
- 3. Currently there are approximately 3,000 dental hygienists that are qualified for and will seek an average of 2 of the 5 expanded-functions permits that will be available.
- 4. The board anticipates that approximately 150 new dental hygienists will become eligible for and seek to obtain an average of 2 of the 5 expanded-functions permits that will be available.
- 3. It is anticipated that the total costs will recur for the life of the rule, may vary with inflation and are expected to increase at the rate projected by the Legislative Oversight Committee.

# PRIVATE FISCAL NOTE

# I. RULE NUMBER

Title 20 - Department of Insurance, Financial Institutions and Professional Registration

Division 2110 - Missouri Dental Board

Chapter 2 - General Rules

Proposed Rule - 20 CSR 2110-2.130 Dental Hygienists

Prepared July 19, 2012 by the Division of Professional Registration

# II. SUMMARY OF FISCAL IMPACT

First Year of Implementation of Rule

Estimate the number of entities by class which would likely be affected by the adoption of the proposed rule:	Classification by type of the business entities which would likely be affected:	Estimated cost of compliance with the rule by affected entities:
3,000	Dental Hygienists Qualified for Expanded-Functions (Approximately 2 Per Qualified Individual)	\$60,000.00
	(Expanded-Functions Permit @ \$10/Per Permit)	
3,000	Dental Hygienists Qualified for Expanded-Functions (Approximately 2 Per	\$1,350.00
	(Postage @ \$0.45)	
	Estimated Cost of Compliance for the Life	1
	of the Rule During the First Year of	
•	Implementation	\$61,350.00

Beginning in FY14 and Continuing Annually for the Life of the Rule

Estimate the number of entities by class which would likely be affected by the adoption of the proposed rule:	Classification by type of the business entities which would likely be affected:	Estimated cost of compliance with the rule by affected entities:
150	Dental Hygienists Qualified for Expanded-Functions (Approximately 2 Per Qualified Individual)	\$3,000.00
	(Expanded-Functions Permit @ \$10/Per Permit)	
150	Dental Hygienists Qualified for Expanded-Functions (Approximately 2 Per Qualified Individual)	\$67.50
	(Postage @ \$0.45)	
·	Estimated Cost of Compliance Beginning in FY14 and Continuing Annually for the Life of the Rule	

#### III. WORKSHEET

See table above.

- 1. The above figures are based on FY11 actuals.
- 2. Currently there are approximately 3,000 dental hygienists that are qualified for and will seek an average of 2 of the 5 expanded-functions permits that will be available.
- 3. The board anticipates that approximately 150 new dental hygienists will become eligible for and seek to obtain an average of 2 of the 5 expanded-functions permits that will be available.
- 4. It is anticipated that the total cost will recur for the life of the rule, may vary with inflation and is expected to increase at the rate projected by the Legislative Oversight Committee.

# Title 20—DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION Division 2110 Missouri Pontal Roard

Division 2110—Missouri Dental Board Chapter 2—General Rules

#### PROPOSED AMENDMENT

**20 CSR 2110-2.170 Fees.** The board is proposing to amend subparagraph (1)(E)1.B. and add paragraphs (1)(A)4. and (1)(C)4. and subparagraphs (1)(E)2.C. and (1)(E)3.B.

PURPOSE: During the 2010 legislative session House Bill 2226 was passed, which requires dental assistants and dental hygienists performing expanded function duties to obtain a permit from the board authorizing them to perform expanded function duties. Additionally, the Missouri Dental Board is statutorily obligated to enforce and administer the provisions of sections 332.011 to 332.366, RSMo. Pursuant to section 332.031, RSMo, the board shall by rule and regulation set the amount of fees authorized by sections 332.011 to 332.366, RSMo, so that the revenue produced is sufficient, but not excessive, to cover the cost and expense to the board for administering the provisions of sections 332.011 to 332.366, RSMo. Therefore, the board is proposing to add an expanded functions permit fee for both dental assistants and dental hygienists and reduce the renewal fees for dentists, dental specialists, and dental hygienists. This proposed amendment will also establish the application fee for pediatric sedation permits and limited teaching licenses.

(	1)	Th	ıe	fo	llov	ving	fees	are	established	by	the	Missouri	Dental	Board:
	-	A \				. •	-	-1-						

(A) Application Fees*				
1. Dentist (includes initial Missouri jurisprudence	÷			
exam fee)		\$2	30	
2. Dental Specialist		\$3	30	
3. Dental Hygienist (includes initial Missouri				
jurisprudence exam fee)		\$1	55	
4. Limited Teaching License		\$2	30	
(C) Biennial License Renewal Fee				
1. Dentist License	[\$250]	\$2	20	
2. Dental Specialist License	[\$270]	\$2	20	
3. Dental Hygienist License	[\$130]	\$1	.00	
4. Limited Teaching License		\$2	50	
(E) Certification/Permit Fees				
1. Dentists				
A. Deep Sedation/General Anesthesia				
(I) Individual Permit Fee		\$1	00	
(II) Site Certificate Permit Fee		\$1	00	
(III) Individual Permit Renewal Fee		\$1	00	
(IV) Site Certificate Renewal Fee		\$1	00	
B. [Conscious] Moderate Sedation (Enteral,				
[and/or] Parenteral, or Pediatric)				
(I) Individual Permit Fee		\$1	00	
(II) Site Certificate Permit Fee		\$1	00	
(III) Individual Permit Renewal Fee		\$1	00	
(IV) Site Certificate Renewal Fee		\$1	00	
2. Dental Hygienists				
A. Administration of Nitrous Oxide Analgesia			10	
B. Local Anesthesia		\$	10	
C. Expanded Functions				
(I) Restorative I Permit Fee			10	
(II) Restorative II Permit Fee			10	
(III) Removable Prosthodontics Permit Fed			10	
(IV) Fixed Prosthodontics Permit Fee		•	10	
(V) Orthodontics Permit Fee		\$	10	
3. Dental Assistants				
A. Monitoring Nitrous Oxide Analgesia		\$	10	
<b>B.</b> Expanded Functions Permit				
(I) Restorative I Permit Fee		\$	10	

(II) Restorative II Permit Fee	\$ 10
(III) Removable Prosthodontics Permit Fee	\$ 10
(IV) Fixed Prosthodontics Permit Fee	\$ 10
(V) Orthodontics Permit Fee	\$ 10

AUTHORITY: section 332.031.3., RSMo 2000. This rule originally filed as 4 CSR 110-2.170. Emergency rule filed June 30, 1981, effective July 9, 1981, expired Nov. 6, 1981. Original rule filed June 30, 1981, effective Oct. 11, 1981. For intervening history, please consult the Code of State Regulations. Emergency amendment filed July 26, 2012, effective Aug. 5, 2012, expires Feb. 28, 2013. Amended: Filed July 26, 2012.

PUBLIC COST: This proposed amendment will cost state agencies or political subdivisions approximately thirty-three to thirty-four dollars (\$33-\$34) annually for the life of the rule. It is anticipated that the costs will recur for the life of the rule, may vary with inflation, and are expected to increase at the rate projected by the Legislative Oversight Committee.

PRIVATE COST: This proposed amendment will cost private entities approximately three thousand four hundred fifty-seven dollars (\$3,457) annually for the life of the rule. It is anticipated that the costs will recur for the life of the rule, may vary with inflation, and are expected to increase at the rate projected by the Legislative Oversight Committee.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Missouri Dental Board, PO Box 1367, Jefferson City, MO 65102, by facsimile at (573) 751-8216, or via email at dental@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.

# PUBLIC FISCAL NOTE

# I. RULE NUMBER

Title 20 - Department of Insurance, Financial Institutions and Professional Registration

Division 2110 - Missouri Dental Board

Chapter 2 - General Rules

Proposed Rule - 20 CSR 2110-2.170 Fees

Prepared July 19, 2012 by the Division of Professional Registration

#### II. SUMMARY OF FISCAL IMPACT

Estimated Cost of Compliance During the First Year of Implementation		
	\$33.06	
	to	
	\$34.93	
	\$33.06	
Total Cost of Compliance	to	
During the First Year of Implementation	\$34.93	
Estimated Cost of Compliance Beginning in FY14 and Recurring Annually Thereafter		
	Total Cost of Compliance During the First Year of Implementation  Estimated Cost of Compliance Beginning in F	

Affected Agency or Political Subdivision	Estimated Cost of Compliance Beginning in FY14 and Recurring Annually Thereafter			
		\$33.06		
Missouri Dental Board	t			
<u></u>		\$34.93		
	Total Annual Cost of Compliance	\$33.06		
	Beginning in FY14 and Recurring	to		
	for the Life of the Rule	\$34.93		

#### III. WORKSHEET

The Processing Technician II provides technical support, processes applications for licensure, and responds to inquiries related to the licensure law and/or rules and regulations. In this instance, the Processing Technician II will process, print, and mail each qualified and approved dental assistant their expanded-functions permits.

STAFF	ANNUAL SALARY RANGE	SALARY TO INCLUDE FRINGE BENEFIT	HOURLY SALARY	COST PER MINUTE	TIME PER APPLICATION	COST PER APPLICATION	NUMBER OF ITEMS	TOTAL COST
Processing Technician II	\$24,579 \$26,640	to	to	to	5 minutes	\$1.48 6 \$1.61	limited	\$22.26 % \$24.13
-						al Service Costs rst Year of Impl	- 1	\$22.26 to \$24.13

Personal Service Dollars Beginning in FY14 and Recurring Annually Thereafter

STAFF	ANNUAL SALARY RANGE	SALARY TO INCLUDE FRINGE BENEFIT	HOURLY SALARY	COST PER MINUTE	TIME PER APPLICATION	COST PER APPLICATION	NUMBER OF ITEMS	TOTAL COST
Processing Technician II	\$24,579 to \$26,640	to	\$17.81 6 \$19.30	to	5 minutes	\$1.48 % \$1.61	limited	\$22.26 to \$24.13
						Service Costs B		\$22.26 to \$24.13

Expense and Equipment Dollars During the First Year of Implementation

Item	Cost	Quantity	Total Cost Per Item
License Printing and			
Postage	\$0.72	15	\$10.80
	Total Expense and E	quipment Costs	\$10.80

Expense and Equipment Dollars Beginning in FY14 and Recurring Annually Thereafter

Item	Cost	Quantity	Total Cost Per Item
License Printing and			
Postage	\$0.72	15	\$10.80
Ĺ	Total Expense and E	Equipment Costs	\$10.80

- 1. Employees' salaries were calculated using the annual salary multiplied by 50,70% for fringe benefits and then divided by 2080 hours per year to determine the hourly salary. The hourly salary was then divided by 60 minutes to determine the cost per minute. The cost per minute was then multiplied by the amount of time individual staff spent on the processing of applications or renewals. The total cost was based on the cost per application multiplied by the estimated number of applications.
- 3. The board estimates that there are approximately 15 dentists that are qualified for and will seek a limited teaching license.
- 5. It is anticipated that the total costs will recur for the life of the rule, may vary with inflation, and are expected to increase at the rate projected by the Legislative Oversight Committee.

# PRIVATE FISCAL NOTE

# I. RULE NUMBER

Title 20 - Department of Insurance, Financial Institutions and Professional Registration

Division 2110 - Missouri Dental Board

Chapter 2 - General Rules

Proposed Rule - 20 CSR 2110-2.170 Fees

Prepared July 19, 2012 by the Division of Professional Registration

# II. SUMMARY OF FISCAL IMPACT

First Year of Implementation of Rule

Estimate the number of entities by class which would likely be affected by the adoption of the proposed rule:	Classification by type of the business entities which would likely be affected:	Estimated cost of compliance with the rule by affected entities:
15	Dentists Qualified for a Limited Teaching License	\$3,450.00
	(Limited Teaching License @ \$230/Per License)	
7	Dentists Qualified for a Limited Teaching License	\$1,750.00
	(Limited Teaching License Renewal @ \$250/Per License)	:
15	Dentists Qualified for a Limited Teaching License	\$6.75
	(Postage @ \$0.45)	
	Estimated Cost of Compliance During the First Year of Implementation	

Beginning in FY14 and Continuing Annually for the Life of the Rule

Estimate the number of entities by class which would likely be affected by the adoption of the proposed rule:	Classification by type of the business entities which would likely be affected:	Estimated cost of compliance with the rule by affected entities:
15	Dentist Qualified for a Limited Teaching License	\$3,450.00
	(Limited Teaching License @ \$230/Per License)	
7	Dentist Qualified for a Limited Teaching License	\$1,750.00
	(Limited Teaching License Renewal @ \$250/Per License)	

15	Dentist Qualified for a Limited Teaching	\$6.75
	License	
	(Postage @ \$0.45)	
	Estimated Cost of Compliance Beginning	
·	in FY14 and Continuing Annually for the	İ
	Life of the Rule	\$3,456.75

# III. WORKSHEET

See table above.

- 1. The above figures are based on estimates provided by UMKC Dental School.
- 2. The board estimates that there are approximately 15 dentists that are qualified for and will seek a limited teaching license. Of the 15 applicants, it is estimated some of them will work for less than the two year renewal period and apply for a regular license. It is estimated that 7 will seek renewal and the remaining 8 will be replaced by 8 new applicants.
- 4. It is anticipated that the total cost will recur for the life of the rule, may vary with inflation and is expected to increase at the rate projected by the Legislative Oversight Committee.

# Title 20—DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION Division 2110—Missouri Dental Board

**Chapter 4—Sedation** 

#### PROPOSED RESCISSION

**20 CSR 2110-4.010 Definitions**. This rule defined the terms used throughout the rules of Chapter 4.

PURPOSE: This rule is being rescinded and readopted to more clearly define the terms used in sedation practices in dental offices and to replace outdated terminology with the more recent terminology adopted by the American Dental Association. This proposed rescission/readoption will also limit the amount of sedation medication that can be administered to a patient for a sedation procedure to 1.5 times the manufacturers maximum recommended dose.

AUTHORITY: sections 332.031 and 332.361, RSMo 2000, and 332.071, RSMo Supp. 2004. This rule originally filed as 4 CSR 110-4.010. Original rule filed Sept. 15, 2004, effective April 30, 2005. Moved to 20 CSR 2110-4.010, effective Aug. 28, 2006. Rescinded: Filed July 26, 2012.

PUBLIC COST: This proposed rescission will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed rescission will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rescission with the Missouri Dental Board, PO Box 1367, Jefferson City, MO 65102-1367, by facsimile at (573) 751-8216, or via email at dental@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.

#### Title 20—DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION Division 2110—Missouri Dental Board Chapter 4—Sedation

#### PROPOSED RULE

#### 20 CSR 2110-4.010 Definitions

PURPOSE: This rule defines terms used throughout the rules of Chapter 4.

- (1) The following words and terms, when used in this chapter, shall have the following meanings.
- (A) American Society of Anesthesiologists (ASA) Classifications—A five (5) category classification system used to assess a patient prior to sedation/anesthesia. Patients are categorized into one (1) of the five (5) following classes:
- 1. Class I—There is no organic, physiologic, biochemical, or psychiatric disturbance. The pathological process for which the operation is to be performed is localized and is not a systemic disturbance. The patient has no limits on his/her activity level and in general is to be considered in good or excellent health;
- 2. Class II—Mild-to-moderate systemic disturbance caused either by the condition to be treated surgically or by other pathophysiological processes. The disease processes are stable or med-

ically controlled and they are not functionally limiting. Examples: tightly-controlled insulin or non-insulin dependent diabetes; stable asthma; symptomatic hypertension; controlled thyroid disease; smoker; obesity; or severe anxiety;

- 3. Class III—Severe systemic disturbance or disease from whatever cause, even though it may not be possible to define the degree of disability with finality. Activity is significantly limited by the disease, but is not totally incapacitating. The patient may easily decompensate under stress. Examples: severe asthma; poorly controlled diabetes mellitus; angina, especially if unstable or frequent; or status post (S/P) myocardial infarction of cerebral vascular accident (CVA) less than six (6) months ago;
- 4. Class IV—Indicative of the patient with severe systemic disorder that is a constant threat to life and not always correctable by the operative procedure. Functionally incapacitating; a totally unstable patient who is in and out of lethal states. Examples: unstable angina; congestive heart failure/chronic obstructive pulmonary disease (CHF/COPD) requiring supplemental oxygen  $(O_2)$  or wheel-chair confinement, uncontrolled systemic disease (diabetes mellitus); or symptomatic dysrhythmias; or
- 5. Class V—The moribund patient who has little chance of survival but is submitted to operation in desperation. A hospitalized patient of the expectant category.
  - (B) Analgesia—The diminution or elimination of pain.
- (C) Anesthesiologist—A physician licensed by the Missouri State Board of Registration for the Healing Arts in accordance with Chapter 334, RSMo, with privileges in general anesthesia at an institution accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) or the American Osteopathic Association (AOA).
- (D) Certified registered nurse anesthetist—A licensed registered professional nurse recognized as an advanced practice nurse by the Missouri State Board of Nursing, who is certified to administer anesthesia by a nationally recognized certifying body approved by the Missouri State Board of Nursing in accordance with Chapter 335, RSMo.
- (E) Deep sedation—A drug-induced depression of consciousness during which patients cannot be easily aroused but respond purposefully following repeated or painful stimulation. The ability to independently maintain ventilatory function may be impaired. Patients may require assistance in maintaining a patent airway and spontaneous ventilation may be inadequate. Cardiovascular function is usually maintained.
- (F) Deep sedation/general anesthesia permit—A document issued by the Missouri Dental Board to a dentist that allows the dentist to administer deep sedation/general anesthesia.
- (G) Deep sedation/general anesthesia site certificate—A document issued by the Missouri Dental Board to a specific dental office where deep sedation/general anesthesia is administered.
- (H) Dental office—A facility where dentistry is practiced in accordance with the provisions of section 332.071, RSMo.
- (I) Dentist—One who is currently licensed to practice as a dentist in Missouri and is ultimately responsible for the sedation procedure of a dental patient under his/her care.
- (J) Dentist-in-charge—A dentist duly licensed by the board to practice at a facility in which sedation anesthesia services are to be offered and who assumes the responsibility to assure that the facility is properly equipped and the sedation team is properly trained.
- (K) Enteral minimal sedation—A minimal level of sedation by a technique of administration in which the drug is absorbed through the gastrointestinal tract or oral mucosa. Enteral minimal sedation is not enteral moderate sedation, parenteral moderate sedation, deep sedation, or general anesthesia.
- (L) Enteral moderate sedation—A minimal to moderate level of sedation by a technique of administration in which the drug is absorbed through the gastrointestinal tract or oral mucosa (i.e., oral, rectal, or sublingual). Enteral moderate sedation is not parenteral moderate sedation, deep sedation, or general anesthesia. Drugs used

for enteral moderate sedation shall not exceed one and one-half (1.5) times the maximum recommended dose (MRD) for a period of twelve (12) hours before and after the patient appointment (i.e., MRD for Triazolam is one-half milligram (0.5 mg). One and one-half (1.5) times the MRD for Triazolam is three-fourths milligram (0.75 mg) total dose for one (1) appointment).

- (M) Enteral moderate sedation permit—A document issued by the Missouri Dental Board to a dentist that allows the dentist to administer enteral moderate sedation.
- (N) Facility inspection—An inspection confirming the adequacy of the dental office to provide enteral, parenteral, or pediatric moderate sedation and/or deep sedation/general anesthesia by consultants or other personnel appointed by the board to ensure public safety.
- (O) General anesthesia—A drug-induced loss of consciousness during which patients are not arousable, even by painful stimulation. The ability to independently maintain ventilatory function is often impaired. Patients often require assistance in maintaining a patent airway, and positive pressure ventilation may be required because of depressed spontaneous ventilation or drug-induced depression of neuromuscular function. Cardiovascular function may be impaired.
- (P) Incremental dosing—Administration of multiple doses of a drug until a desired effect is reached, but not to exceed the maximum recommended dose (MRD).
- (Q) Inhalation—A technique of administration in which a gaseous or volatile agent is introduced into the lungs and whose primary effect is due to absorption through the gas/blood interface.
- (R) Local anesthesia—The elimination of sensation, especially pain, in one (1) part of the body by the topical application or regional injection of a drug. Note: Although the use of local anesthetics is the foundation of pain control in dentistry and has a long record of safety, dentists must be aware of the maximum, safe dosage limits for each patient.
- (S) Maximum recommended dose (MRD)—Maximum United States Food and Drug Administration (FDA) recommended dose of a drug, as printed in FDA-approved labeling for unmonitored home use. Drugs used for enteral moderate sedation shall not exceed one and one-half (1.5) times the maximum recommended dose (MRD) for a period of twelve (12) hours before and after the patient appointment (i.e., MRD for Triazolam is one-half milligram (0.5 mg). One and one-half (1.5) times the MRD for Triazolam is three-fourths milligram (0.75 mg) total dose for one (1) appointment).
- (T) Minimal sedation (Anxiolysis)—A minimally depressed level of consciousness produced by a pharmacological method, which retains the patient's ability to independently and continuously maintain an airway and respond normally to tactile stimulation and verbal command. Although cognitive function and coordination may be modestly impaired, ventilatory and cardiovascular functions are unaffected.

Note: In accord with this particular definition, the drug(s) and/or techniques used should carry a margin of safety wide enough never to render unintended loss of consciousness. Further, patients whose only response is reflex withdrawal from repeated painful stimuli would not be considered to be in a state of minimal sedation. When the intent is minimal sedation for adults, the appropriate initial dosing of a single enteral drug is no more than the maximum recommended dose (MRD) of a drug that can be prescribed for unmonitored home use. The use of preoperative sedatives for children (aged twelve (12) and under) except in extraordinary situations must be avoided due to the risk of unobserved respiratory obstruction during transport by untrained individuals. Children (aged twelve (12) and under) can become moderately sedated despite the intended level of minimal sedation; should this occur, the guidelines for moderate sedation apply. Nitrous oxide/oxygen may be used in combination with a single enteral drug in minimal sedation. Nitrous oxide/oxygen when used in combination with sedative agent(s) may produce minimal, moderate, deep sedation, or general anesthesia.

(U) Moderate sedation—A drug induced depression of consciousness during which patients respond purposefully to verbal com-

mands, either alone or accompanied by light tactile stimulation. Generally, no interventions are required to maintain a patent airway, and spontaneous ventilation is adequate. Cardiovascular function is usually maintained.

Note: In accord with this particular definition, the drugs and/or techniques used should carry a margin of safety wide enough to render unintended loss of consciousness unlikely. Repeated dosing of an agent before the effects of previous dosing can be fully appreciated may result in a greater alteration of the state of consciousness than is the intent of the dentist. Further, a patient whose only response is reflex withdrawal from a painful stimulus is not considered to be in a state of moderate sedation. The following definitions apply to the administration of moderate or greater sedation:

- 1. Titration—Administration of incremental doses of a drug until a desired effect is reached. Knowledge of each drug's time of onset, peak response, and duration of action is essential to avoid over sedation. Although the concept of titration of a drug to effect is critical for patient safety, when the intent is moderate sedation, the dentist must know whether the previous dose has taken full effect before administering an additional drug increment; and
- 2. Supplemental dosing—During moderate sedation, supplemental dosing is a single additional dose of the initial dose of the initial drug that may be necessary for prolonged procedures. The supplemental dose should not exceed one-half (0.5) of the initial dose and should not be administered until the dentist has determined the clinical half-life of the initial dosing has passed. The total aggregate dose must not exceed one and one-half (1.5) times the MRD on the day of treatment.
- (V) Moderate sedation site certificate—a document issued by the Missouri Dental Board to a specific dental office where enteral or parenteral moderate sedation is administered.
- (W) On-site evaluation—A performance evaluation of the competency of the sedation team by consultants appointed by the board to ensure public safety.
- (X) Operating dentist—The Missouri licensed dentist who is performing the dental procedure on a sedated patient. The operating dentist is ultimately responsible for all patient care, including sedation, regardless of whether the care is rendered personally by the dentist, or by another qualified sedation provider.
- (Y) Parenteral moderate sedation—A level of minimal to moderate sedation by a technique of administration in which the drug bypasses the gastrointestinal tract, i.e., routes of administration: intravenous (I.V.), intramuscular (I.M.), intranasal (I.N.), subcutaneous (S.C.), submucosal (S.M.), or intraosseous (I.O.). Parenteral moderate sedation is not deep sedation or general anesthesia.
- (Z) Parenteral moderate sedation permit—A document issued by the Missouri Dental Board to a dentist that allows the dentist to administer parenteral moderate sedation.
- (AA) Pediatric moderate sedation permit—A document issued by the Missouri Dental Board to a dentist to administer moderate sedation to pediatric patients as defined in subsection (1)(BB) of this rule.
- (BB) Pediatric patient—A patient aged twelve (12) or under. The use of preoperative sedatives for children (aged twelve (12) and under) except in extraordinary situations must be avoided due to the risk of unobserved respiratory obstruction during transport by untrained individuals. Children (aged twelve (12) and under) can become moderately sedated despite the intended level of minimal sedation; should this occur, the guidelines for moderate sedation apply.
- (CC) Qualified sedation provider—Any of the following who have satisfied the provisions of this rule:
- 1. A currently licensed dentist in Missouri with a valid permit to administer enteral, parenteral, or pediatric moderate sedation;
  - 2. A currently licensed anesthesiologist; or
  - 3. A currently licensed certified registered nurse anesthetist.
- (DD) Sedation team—Those individuals, including the qualified sedation provider and operating dentist, qualified pursuant to 20 CSR

2110-4.030(7)(B) involved with the treatment and/or monitoring of a sedation patient.

- (EE) Time-oriented anesthesia record—Documentation at appropriate time intervals of drugs, doses, and physiologic data obtained during patient monitoring.
- (FF) Transdermal—A technique of administration in which the drug is administered by patch or iontophoresis through skin.
- (GG) Transmucosal—A technique of administration in which the drug is administered across mucosa such as intranasal, sublingual, or rectal.
- (2) The following words and terms, when used in this chapter, shall have the following meanings.
- (A) Continual—Repeated regularly and frequently in a steady succession.
- (B) Continuous—Prolonged without any interruption at any time.
- (C) Immediately available—On site in the facility and available for immediate use.

AUTHORITY: sections 332.031 and 332.361, RSMo 2000, and section 332.071, RSMo Supp. 2011. This rule originally filed as 4 CSR 110-4.010. Original rule filed Sept. 15, 2004, effective April 30, 2005. Moved to 20 CSR 2110-4.010, effective Aug. 28, 2006. Rescinded and readopted: Filed July 26, 2012.

PUBLIC COST: This proposed rule will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed rule will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rule with the Missouri Dental Board, PO Box 1367, Jefferson City, MO 65102, by facsimile at (573) 751-8216, or via email at dental@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.

#### Title 20—DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION Division 2110—Missouri Dental Board Chapter 4—Sedation

#### PROPOSED RESCISSION

**20 CSR 2110-4.020 Conscious Sedation**. This rule provided for the regulation of the administration of conscious sedation in a dental office.

PURPOSE: This rule is being rescinded and readopted to more clearly define the terminology used in dental offices providing conscious sedation and to replace outdated terminology with the more recent terminology adopted by the American Dental Association. Additionally the rescission and readoption greatly enhances the safety of individual dental patients undergoing conscious sedation procedures by clarifying current training requirements, as well as creates a new training requirement for dentists wishing to provide conscious sedation to pediatric patients.

AUTHORITY: sections 332.031 and 332.361, RSMo 2000, and 332.071, RSMo Supp. 2004. This rule originally filed as 4 CSR 110-4.020. Original rule filed Sept. 15, 2004, effective April 30, 2005. Moved to 20 CSR 2110-4.020, effective Aug. 28, 2006. Rescinded: Filed July 26, 2012.

PUBLIC COST: This proposed rescission will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed rescission will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rescission with the Dental Board, PO Box 1367, Jefferson City, MO 65102, by facsimile at (573) 751-8216, or via email at dental@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.

# Title 20—DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION

Division 2110—Missouri Dental Board Chapter 4—Sedation

#### PROPOSED RULE

#### 20 CSR 2110-4.020 Moderate Sedation

PURPOSE: This rule provides for the regulation of the administration of moderate sedation in a dental office.

- (1) Because sedation and general anesthesia are a continuum, it is not always possible to predict how an individual patient will respond. Hence, practitioners intending to produce a given level of sedation should be able to diagnose and manage the physiologic consequences (rescue) for patients whose level of sedation becomes deeper than initially intended. For all levels of sedation, the practitioner must have the training, skills, drugs, and equipment to identify and manage such an occurrence until either assistance arrives (emergency medical service) or the patient returns to the intended level of sedation without airway or cardiovascular complication.
- (2) No dentist shall administer enteral and/or parenteral moderate sedation unless the dentist possesses a moderate sedation permit issued by the Missouri Dental Board. (A dentist is not required to possess a permit for the prescription or administration of drugs prescribed for minimal sedation and/or pain control.) This permit shall be renewed by June 1 every five (5) years from the year of issuance.
- (3) No dentist shall prescribe sedative agents for enteral moderate sedation unless the dentist possesses an enteral or parenteral moderate sedation permit issued by the Missouri Dental Board. No dentist shall prescribe parenteral moderate sedation agents unless the dentist possesses a parenteral moderate sedation permit issued by the Missouri Dental Board.
- (4) No dentist shall administer moderate sedation to a pediatric patient, as defined in 20 CSR 2110-4.010, unless the dentist possesses a pediatric moderate sedation permit. A dentist possessing a pediatric moderate sedation permit may administer moderate sedation using either enteral or parenteral techniques; however, techniques utilizing intravenous administration are restricted to qualified deep sedation/general anesthesia providers as defined in 20 CSR 2110-4.040. Moderate sedation services provided to pediatric patients shall be done in accordance with the American Academy of Pediatric Dentistry 2006 Guidelines for Monitoring and Management of Pediatric Patients During and After Sedation for Diagnostic and Therapeutic Procedures.
- (5) No dental office shall be the site for the administration of enteral.

parenteral, or pediatric moderate sedation without being issued a moderate sedation site certificate by the Missouri Dental Board. This site certificate shall be renewed by June 1 every five (5) years from the year of issuance. The dentist-in-charge is responsible for submitting the application and maintaining the documentation as required in sections (12) and (14) of this rule.

- (6) If the primary administrator of enteral, parenteral, or pediatric moderate sedation in a dental office is a certified registered nurse anesthetist, the operating dentist must possess the appropriate moderate sedation permit for the service being provided.
- (7) If the primary administrator of enteral, parenteral, or pediatric moderate sedation in a dental office is an anesthesiologist or a certified registered nurse anesthetist, the operating dentist must order the anesthesia services and is responsible for the readiness of the dental office, preoperative patient evaluation and appropriate medical consultations, the coordination of and emergency preparedness of the sedation team, and the maintenance of appropriate records. The dentist must evaluate the patient prior to the procedure, remain in the dental office, and evaluate the patient prior to discharge.
- (8) To qualify for a permit to administer enteral moderate sedation, a dentist shall—
  - (A) Document satisfactory completion of-
- 1. An enteral moderate sedation training course consistent with the *American Dental Association Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students* as adopted by the October 2007 American Dental Association (ADA) House of Delegates; or
- 2. An ADA-accredited post-doctoral training program that affords training necessary to administer enteral moderate sedation; or
- 3. An enteral moderate sedation course approved by the Missouri Dental Board; and
  - (B) Document-
- 1. Current certification in Advanced Cardiac Life Support (ACLS); and
- 2. Completion during the past five (5) years of a minimum of fifteen (15) hours of other board-approved continuing education pertaining to airway management in sedated patients.
- 3. Additional hours, not to exceed five (5), acquired beyond the required number may be carried forward into the renewal cycle.
- (9) To qualify for a permit to administer parenteral moderate sedation, a dentist shall—
- (A) Document satisfactory completion of a postgraduate program that is a minimum of twelve (12) continuous months in length and is approved or accredited to teach postgraduate dental or medical education by the ADA, the Accreditation Council for Graduate Medical Education of the American Medical Association (AMA), or the Education Committee of the American Osteopathic Association (AOA). This program shall include:
- 1. Sixty (60) hours of didactic training in pain and anxiety control and related subjects in accordance with the guidelines of the ADA adopted by the October 2007 ADA House of Delegates;
- 2. Successful management of parenteral moderate sedation in twenty (20) dental patients. Management of parenteral moderate sedation shall be defined as performing and responsible for all aspects of the sedation procedure from patient selection to patient discharge post sedation for each of the twenty (20) dental patients;
- 3. General anesthesia training in which there is four (4) weeks documented operating room clinical experience in airway management;
- 4. Certification of competency by the course director in airway management; and
- Certification of competency by the course director in parenteral moderate sedation;
  - (B) Document current certification in Advanced Cardiac Life

- Support (ACLS); and
- (C) Successfully complete an on-site evaluation by consultants appointed by the board. On-site evaluations shall be conducted in accordance with 20 CSR 2110-4.030.
- (10) To qualify for a permit to administer pediatric moderate sedation, a dentist shall—
- (A) Document satisfactory completion of an ADA-accredited post-doctoral training program that is a minimum of twelve (12) continuous months in length and which affords comprehensive and appropriate training necessary to administer and manage moderate sedation in pediatric patients. This program shall include:
- 1. A minimum of sixty (60) hours of didactic training in pain and anxiety control in pediatric patients;
- 2. Successful management of moderate sedation in twenty (20) pediatric dental patients. Management shall be defined as responsible for all aspects of the sedation procedure from patient selection to patient discharge post sedation;
- 3. General anesthesia training in which there is four (4) weeks documented clinical experience in airway management;
- 4. Certification of competency by the course director in airway management; and
- 5. Certification of competency by the course director in pediatric moderate sedation:
- (B) Document current certification in Advanced Cardiac Life Support (ACLS) course or Pediatric Advanced Life Support (PALS); and
- (C) Successfully complete an on-site evaluation by consultants appointed by the board. On-site evaluations shall be conducted in accordance with 20 CSR 2110-4.030.
- (11) To qualify for a moderate sedation site certificate—
- (A) The dentist-in-charge of the dental office shall document
- 1. The primary administrator of enteral, parenteral, or pediatric moderate sedation is a qualified sedation provider as set forth in 20 CSR 2110-4.010(1)(CC);
- 2. All moderate sedation team members (two (2) minimum) and the dentist, possess and maintain current certification in the American Heart Association's Basic Life Support for the Healthcare Provider (BLS), or an equivalent certification approved by the Missouri Dental Board. Board-approved courses shall meet the American Heart Association guidelines for cardiopulmonary resuscitation (CPR) and emergency cardiovascular care (ECC) and provide written and manikin testing on the course material by an instructor who is physically present with the students. Online only courses will not be accepted to satisfy the BLS requirement or ACLS;
- 3. All moderate sedation team members, including the dentist, have completed a board-approved course in monitoring sedated patients during the past five (5) years;
- 4. The dental office is properly maintained and equipped as set forth in 20 CSR 2110-4.030; and
- 5. The dental office has written protocols for sedation of dental patients as set forth in 20 CSR 2110-4.030 including but not limited to the following:
- A. Preoperative patient evaluation and selection prior to enteral, parenteral, or pediatric moderate sedation;
  - B. Informed consent procedures;
  - C. Sedation monitoring procedures;
- D. Maintaining appropriate records during sedation procedures:
  - E. Patient discharge assessment; and
- F. Responding to emergencies incident to the administration of enteral, parenteral, or pediatric moderate sedation; and
- (B) The dental office shall undergo a facility inspection as set forth in 20 CSR 2110-4.030 to confirm the adequacy of the dental office and the qualifications of the sedation team.

- (12) The board shall issue an enteral, parenteral, or pediatric moderate sedation permit upon receipt of a completed application form, payment of the appropriate fee specified in 20 CSR 2110-2.170, proof of having met the requirements of sections (7), (8), or (9) of this rule, and determination that the applicant is a licensee in good standing. To be in good standing the licensee's dental license(s) must be current and not under restriction or discipline in any state. The requirements of this section must be completed within one (1) year of the date of submission of the application form.
- (13) The board shall issue a moderate sedation site certificate upon receipt of a completed application form, payment of the appropriate fee specified in 20 CSR 2110-2.170, and proof of having met the requirements of section (10) of this rule. The requirements of this section must be completed within one (1) year of the date of submission of the application form.
- (14) To renew a permit to administer enteral, parenteral, or pediatric moderate sedation a dentist shall, at least ninety (90) days prior to the expiration of the current permit—
- (A) Submit a completed renewal application form provided by the board:
- (B) Obtain a passing grade after completing the American Dental Society of Anesthesiology Conscious Sedation Fellowship Exam or other board-approved exam. The examination must be completed every five (5) years;
- (C) Submit to the board a minimum of five (5) unedited, complete patient records of the permitted dentist administering enteral, parenteral, or pediatric moderate sedation in the dental office from the preceding five (5) years, documenting management of moderate sedation patients in accordance with the criteria set forth in 20 CSR 2110-4.030;
- (D) Submit the renewal fee specified in 20 CSR 2110-2.170 payable to the Missouri Dental Board; and
  - (E) Document—
- 1. Current certification in Advanced Cardiac Life Support (ACLS); and
- 2. Completion during the past five (5) years of a minimum of fifteen (15) hours of other board-approved continuing education pertaining to airway management in sedated patients.
- 3. Additional hours, not to exceed five (5), acquired beyond the required number may be carried forward into the renewal cycle.
- (15) To renew a moderate sedation site certificate the dentist-incharge shall, at least ninety (90) days prior to the expiration of the current site certificate—
- (A) Submit a completed renewal application form provided by the board;
- (B) Submit the renewal fee specified in 20 CSR 2110-2.170 payable to the Missouri Dental Board;
- (C) Attest that the primary administrator of enteral, parenteral, or pediatric moderate sedation is a qualified sedation provider as set forth in 20 CSR 2110-4.010(1)(CC);
- (D) Document that the sedation team, as well as the permitted dentist, possess and maintain current certification in the American Heart Association's Basic Life Support for the Healthcare Provider (BLS) or an equivalent certification approved by the Missouri Dental Board. Board-approved courses shall meet the American Heart Association guidelines for cardiopulmonary resuscitation (CPR) and emergency cardiovascular care (ECC) and provide written and manikin testing on the course material by an instructor who is physically present with the students. Online only courses will not be accepted to satisfy the BLS requirement, or the American Red Cross recognized equivalent certification, or ACLS;
- (E) Document that all moderate sedation team members, including the operating dentist, have completed a board-approved course in monitoring sedated patients during the past five (5) years; and
  - (F) Undergo a facility inspection as set forth in 20 CSR 2110-

- 4.030 to confirm the adequacy of the dental office and the qualifications of the sedation team.
- (16) Each dentist possessing a permit to administer enteral, parenteral or pediatric moderate sedation shall maintain current certification in Advanced Cardiac Life Support (ACLS) at all times the sedation permit is active.
- (17) A dentist holding a current enteral conscious sedation permit on or before the effective date of this rule shall be authorized to perform all means of enteral moderate sedation set forth in 20 CSR 2110-4.010(1)(L) and, upon renewal, shall receive a permit to administer enteral moderate sedation upon compliance with the renewal requirements set forth in section (13) of this rule.
- (18) A dentist holding a current parenteral conscious sedation permit on or before the effective date of this rule shall be authorized to perform all means of parenteral moderate sedation set forth in 20 CSR 2110-4.010(1)(Y) and, upon renewal, shall receive a permit to administer parenteral moderate sedation upon compliance with the renewal requirements set forth in section (13) of this rule.
- (19) A dental office holding a current conscious sedation site certificate on or before the effective date of this rule shall be authorized to be the site for the administration of enteral, parenteral, or pediatric moderate sedation and, upon renewal, shall receive a moderate sedation site certificate.
- (20) A dentist holding a permit of authorization for the administration of parenteral moderate sedation may use enteral moderate sedation without a permit for enteral moderate sedation. A dentist holding a permit of authorization for the administration of deep sedation/general anesthesia under 20 CSR 2110-4.040 may use enteral, parenteral, and/or pediatric moderate sedation without a permit for enteral, parenteral, and/or pediatric moderate sedation.
- (21) The dentist-in-charge of a dental office in receipt of a moderate sedation site certificate must ensure that the moderate sedation team meets the clinical requirements and the dental office meets the standards for utilization as set forth in 20 CSR 2110-4.030.
- (22) At any time, the board may inspect a dental office where enteral, parenteral, or pediatric moderate sedation is administered in order to verify compliance with the minimum requirements of this rule.
- (23) If at any time the board learns that a dentist who holds a permit to administer enteral, parenteral or pediatric moderate sedation, or a moderate sedation site certificate has failed to meet the minimum qualifications set out in this rule, the board may pursue disciplinary action in accordance with section 332.321, RSMo.
- (24) Due to narrow therapeutic dose ranges for moderate sedation, use of thiopental, methohexital, and propofol for moderate sedation of dental patients will be restricted to qualified deep sedation/general anesthesia providers as defined in 20 CSR 2110-4.040.
- (25) The provisions of this rule are declared severable. If any provision of this rule is held invalid by a court of competent jurisdiction, the remaining provisions of this rule shall remain in full force and effect unless otherwise determined by a court of competent jurisdiction.

AUTHORITY: sections 332.031 and 332.361, RSMo 2000, and section 332.071, RSMo Supp. 2011. This rule originally filed as 4 CSR 110-4.020. Original rule filed Sept. 15, 2004, effective April 30, 2005. Moved to 20 CSR 2110-4.020, effective Aug. 28, 2006. Rescinded and readopted: Filed July 26, 2012.

PUBLIC COST: This proposed rule will cost state agencies or political subdivisions approximately eighty-seven thousand four hundred eighty-nine dollars and three cents to ninety-five thousand two hundred seventy-three dollars and twenty-four cents (\$87,489.03 to \$95,273.24) during the first year of implementation and approximately four dollars and eighty-three cents to five dollars and six cents (\$4.83 to \$5.06) beginning in FY14 and recurring biennially for the life of the rule. It is anticipated that the costs will recur for the life of the rule, may vary with inflation, and are expected to increase at the rate projected by the Legislative Oversight Committee.

PRIVATE COST: This proposed rule will cost private entities approximately eighty thousand two hundred sixty-five dollars to two hundred ten thousand two hundred sixty-five dollars (\$80,265 to \$210,265) during the first year of implementation and approximately two thousand four hundred seven dollars to six thousand three hundred seven dollars (\$2,407-\$6,307) beginning in FY14 and recurring biennially for the life of the rule. It is anticipated that the costs will recur for the life of the rule, may vary with inflation, and are expected to increase at the rate projected by the Legislative Oversight Committee.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rule with the Missouri Dental Board, PO Box 1367, Jefferson City, MO 65102, by facsimile at (573) 751-8216, or via email at dental@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.

#### PUBLIC FISCAL NOTE

#### I. RULE NUMBER

Title 20 - Department of Insurance, Financial Institutions and Professional Registration

Division 2110 - Missouri Dental Board

Chapter 4 - Sedation

Proposed Amendment - 20 CSR 2110-4.020 Moderate Sedation

Prepared July 19, 2012 by the Division of Professional Registration

#### IL SUMMARY OF FISCAL IMPACT

Affected Agency or Political Subdivision  Estimated Cost of Compliance During the First Year of Implementation			
		\$87,489.03	
Missouri Dental Board		to	
		\$95,273.24	
		\$87,489.03	
	Total Cost of Compliance	to	
	for the First Year of Implementation	\$95,273.24	
Affected Agency or Political Subdivision	Estimated Cost of Compliance Beginning in 1	FY14	
		\$4.83	
Missouri Dental Board		to	
		\$5.06	
		\$4.83	
	Total Cost of Compliance Beginning in FY14 and	to	
	Recurring Annually Thereafter	\$5.06	

#### III. WORKSHEET

The Licensing Supervisor provides support services to the board and Executive Director related to administrative, fiscal, legislative, and rule processes. In this case the Licensing Supervisor will prepare and mail out letters to each licensee to inform them of the new pediatric sedation requirements. The Processing Technician II provides technical support, process applications for licensure, and responds to inquiries related to the licensure law and/or rules and regulations. In this case the Processing Technician II will process applications and mail out the Pediatric Sedation Permits to qualified and approved applicants.

Personal Service Dollars During the First Year of Implementation

STAFF	ANNUAL SALARY RANGE	SALARY TO INCLUDE FRINGE BENEFIT	HOURLY SALARY	COST PER MINUTE	TIME PER APPLICATION	COST PER APPLICATION	NUMBER OF ITEMS	TOTAL COST
Licensing Supervisor	\$30,096 to \$32,856	to	to	\$0.36 to \$0.40	60 minutes	\$21.81 to \$23.80	3889 Licensees	to
Processing Technician II	\$24,576 60 \$26,640	to	to	\$0.30 \$0.32	3 minutes	\$0.89 to \$0.97	100 Applicants	\$89.03
					Total Personal Service	_	e First Year lementation	\$84,889.18 10 \$92,673.39

The Processing Technician II provides technical support, process applications for licensure, and responds to inquiries related to the licensure law and/or rules and regulations. In this case the Processing Technician II will process applications and mail out the Pediatric Sedation Permits to qualified and approved applicants.

Personal Service Dollars Beginning in FY14 and Recurring Annually Thereafter

STAFF	ANNUAL SALARY RANGE	SALARY TO INCLUDE FRINGE BENEFIT	HOURLY SALARY	COST PER MINUTE	TIME PER APPLICATION	COST PER APPLICATION	NUMBER OF ITEMS	TOTAL COST
Processing	\$24,576	\$37,036	\$17.81	\$0.30		\$0.89		\$2.67
Technician II	to	to	to	to.	3 minutes	to	3 Applicants	to
	\$26,640	\$40,146	\$19.30	\$0.32		\$0.97		\$2.90
								\$2.67
				i	Total Personal Ser	rvice Costs Beginn	ing in FY14	to.
					and R	ecurring Annually	Thereafter	\$2.90

Expense and Equipment Dollars During the First Year of Implementation

Item	Cost	Quantity	Total Cost Per Item	
Correspondence Mailing	\$0.65	3889	\$2,527.85	
License Printing and				
Postage	\$0.72	100	\$72.00	
	Total Expense and	l Equipment Costs	\$2,599.85	

Expense and Equipment Dollars Beginning in FY14 and Recurring Annually Thereafter

Item	Cost	Quantity	Total Cost Per Item
License Printing and			
Postage	\$0.72	3	\$2.16
	Total Expense	and Equipment Costs	\$2.16

- Employees' salaries were calculated using the annual salary multiplied by 50.70% for fringe benefits and then divided by 2080
  hours per year to determine the hourly salary. The hourly salary was then divided by 60 minutes to determine the cost per minute.
  The cost per minute was then multiplied by the amount of time individual staff spent on the processing of applications or renewals.
  The total cost was based on the cost per application multiplied by the estimated number of applications.
- 2. Currently there are no separate requirements for practitioners providing sedation services to pediatric patients. The board's research has shown that there are differences in training and equipment needs between offices who are sedating adults and offices that are sedating children. This rule creates a separate permit, with separate training requirements for practitioners who want to sedate pediatric patients. A practitioner who is sedating pediatric patients under the authority of an existing conscious sedation permit may now have to acquire additional training to qualify for a pediatric sedation permit. Costs for training are established by the individual training providers and may range from \$700-\$2000 depending on the individual practitioner's training needs.
- 3. It is anticipated that the total costs will recur for the life of the rule, may vary with inflation and are expected to increase at the rate projected by the Legislative Oversight Committee.

# PRIVATE FISCAL NOTE

# I. RULE NUMBER

Title 20 - Department of Insurance, Financial Institutions and Professional Registration Division 2110 - Missouri Dental Board

Chapter 4 - Sedation

Proposed Amendment - 20 CSR 2110-4.020 Moderate Sedation

Prepared July 19, 2012 by the Division of Professional Registration

# II. SUMMARY OF FISCAL IMPACT

First Year of Implementation of Rule

Estimate the number of entities by class which would likely be affected by the adoption of the proposed rule:	Classification by type of the business entities which would likely be affected:	Estimated cost of compliance with the rule by affected entities during the first year of implementation:	
100	Applicant for Pediatric Sedation Permit (Pediatric Sedation Permit Fee @ \$100)	\$10,000	
100	Applicant for Pediatric Sedation Permit (Postage @ \$0.65)	\$65.00	
100	Applicant for Pediatric Sedation Permit (Pediatric Sedation Training @ \$700-\$2000)	\$70,000 - \$200,000	
100	Applicant for Pediatric Sedation Permit (Notary @ \$2.00)	\$200.00	
	Estimated Cost of Compliance During the First Year of Implementation	1 ' '	

Estimate the number of entities by class which would likely be affected by the adoption of the proposed rule:	Classification by type of the business entities which would likely be affected:	Estimated cost of compliance with the rule by affected entities beginning in FY11:	
3	Applicant for Pediatric Sedation Permit	\$300	
	(Pediatric Sedation Permit Fee @ \$100)		
3	Applicant for Pediatric Sedation Permit	\$1.95	
	(Postage @ \$0.65)		
3	Applicant for Pediatric Sedation Permit	\$6.00	
	(Notary @ \$2.00)		

3	Applicant for Pediatric Sedation Permit	\$2,100 - \$6,000
	(Pediatric Sedation Training @ \$700-\$2000)	
	Estimated Cost of	\$2,407 - \$6,307
	Compliance Beginning in FY14 and	
	Recurring Annually Thereafter	

# III. WORKSHEET

See table above.

- 1. The above figures are based on FY11 actuals. The board estimates a 3% growth rate following implementation of the rule.
- 2. Currently there are no separate requirements for practitioners providing sedation services to pediatric (children) patients. The boards research has shown that there are differences in training and equipment needs between offices who are sedating adults and offices that are sedating children. A practitioner who is sedating pediatric patients currently under the authority of an existing conscious sedation permit may now have to acquire additional training to qualify for a pediatric sedation permit.
- 3. Applicants may incur minimal photocopy expenses to submit documents to the board. Photocopy expenses are not being calculated in this fiscal note.
- 4. It is anticipated that the total cost will recur for the life of the rule, may vary with inflation and is expected to increase at the rate projected by the Legislative Oversight Committee.

### Title 20—DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION

Division 2110—Missouri Dental Board Chapter 4—Sedation

#### PROPOSED AMENDMENT

20 CSR 2110-4.030 Guidelines for Administration of [Conscious] Moderate Sedation. The board is amending the rule title and sections (1)–(5), (7)–(14), and (16).

PURPOSE: This amendment will more clearly define the terminology used in dental offices providing moderate sedation, clarifies current training requirements, creates specific requirements for licensees performing sedation on pediatric patients, and clarifies criteria for when a patient may be discharged after a sedation procedure.

#### (1) Introduction.

- (A) These guidelines are provided to certificate holders in the administration of enteral or parenteral *[conscious]* moderate sedation.
  - (C) The goals of [conscious] moderate sedation are[:]—
- 1. Sufficient control of patient behavior to enable the practitioner to provide quality treatment;
- 2. Prompt recovery so that the patient leaves the office in a state of consciousness as close to normal for that patient as possible; and
  - 3. Promotion of a positive psychological response to treatment.

#### (2) Patient Records.

- (A) The patient's record shall provide a legible database that aids in treatment planning and selection of the sedation technique and shall furnish the following:
  - 1. Database[:]—
    - A. Full name;
    - B. Address (home and work);
    - C. Telephone number (home and work);
    - D. Date of birth and sex;
    - E. Height and weight;
    - F. Name of parent or guardian, if applicable;
- G. Name and telephone number of person to notify in event of emergency; and
  - H. Patient's physician's name and telephone number[.];
  - 2. Medical history[:]—
- A. Chief complaint followed by history of the present illness or a brief statement about the patient's problem; and
- B. Past medical history and systems review including, but not limited to:
  - (I) Physician(s) of record;
  - (II) Hospitalizations within the last five (5) years;
  - (III) Allergies;
- (IV) Present medications (prescription, nonprescription, homeopathic): dosages, intervals, and recent changes;
  - (V) Major medical illnesses, disorders, or abnormalities;
  - (VI) Prior anesthetic complications;
  - (VII) Breathing or respiratory difficulties;
  - (VIII) Previous hospitalizations; and
- (IX) Review of the following with interrogative clarification of positive responses:
  - (a) Myocardial infarction;
  - (b) Hepatitis or liver disease;
  - (c) Hypertension;
  - (d) Renal disease;
  - (e) Dysrhythmias;
  - (f) Anemia;
  - (g) Angina;
  - (h) Bleeding dyscrasias;
  - (i) Heart murmur:

- (j) Human immunodeficiency virus (HIV);
- (k) Congestive heart failure;
- (l) Mitral valve prolapse;
- (m) Rheumatic fever;
- (n) Artificial joint; [and]
- (o) Diabetes[.];
- (p) Neurological/seizure disorders; and
- (q) Obstructive sleep apnea; and
- 3. Core physical examination[:]—
- A. Observation of patient's physical stature, posture, and relative ambulatory ability;
- B. Observation of patient's attentiveness, responsiveness, and verbal ability;
  - C. Oral examination;
  - D. Potential airway problems;
- E. Baseline blood pressure, heart rate and rhythm, and respiration rate; and
  - F. Temperature—only if necessary for present problem.
- (3) Pre-Operative Patient Evaluation and Selection.
- (A) Patients who are administered *[enteral or parenteral conscious]* moderate sedation must be suitably evaluated to include, but not be limited to the following:
- 1. An appropriate review of the patient's database by the dentist to determine that data pertaining to all of the following are present:
  - A. Patient age;
  - B. Patient weight;
  - C. Individual responsible for informed consent; and
  - D. Emergency contact person and telephone number;
- 2. An appropriate review of the medical history with opportunity for interrogative clarification by the dentist. The record must indicate that the dentist reviewed the medical history;
- 3. An appropriate review of the core physical examination. The record must indicate the dentist reviewed the findings;
- 4. An appropriate review of all medications used by the patient, both prescription and non-prescription. The record must indicate the dentist reviewed the medication inventory;
- 5. Documented American Society of Anesthesiologists classification; and
- 6. Documented consultation with physicians of record when indicated.
- (4) American Society of Anesthesiologists (ASA) classifications must be documented and substantiated.
- [(C) Patients who may not be medically stable or who have a significant health disability (ASA III) require a medical consultation from a physician. ASA III patients who are treated in the office setting must have evidence of the dentist's consultation with the treating physician (written or oral) in the record. Such consultation should elicit the physician's concurrence with decision to utilize the proposed office sedative technique.
- [(D)](C) ASA III, IV, and V patients are not candidates for enteral **moderate** sedation.
- [(E)](D) ASA III, IV, and V patients are not candidates for parenteral moderate sedation outside a hospital setting.
- (5) Informed Consent.
- (A) Appropriate informed consent must be obtained prior to administration of enteral or parenteral [conscious] moderate sedation
- (B) All of the following requirements for informed consent must be satisfied and documented prior to administration of *[conscious]* **moderate** sedation:
- 1. The patient and/or guardian must be advised of the specific procedure inducing enteral, *[or]* parenteral, *[conscious]* or pediatric moderate sedation:

- 2. The patient and/or guardian must be advised of the risks associated with the delivery of enteral, *[or]* parenteral, *[conscious]* or pediatric moderate sedation;
- 3. The patient and/or guardian must be advised of the options to the delivery of the enteral, *[or]* parenteral, *[conscious]* or pediatric moderate sedation;
- 4. [The patient or the guardian must be advised that unforeseen circumstances do occur and the dentist and the sedation team need permission in advance to change the plan of treatment if it is deemed in their professional judgement to be in the best interest of the patient.] The patient and/or guardian must be advised that moderate sedatives given by the enteral route must not exceed one and one-half (1.5) times the maximum recommended dose (MRD);
- 5. [The patient and/or guardian must be afforded the opportunity to have concerns and questions addressed by the dentist] The patient and/or the guardian must be advised that unforeseen circumstances can occur and the dentist and the sedation team need permission in advance to change the plan of treatment if it is deemed in their professional judgment to be in the best interest of the patient; [and]
- 6. [The patient and/or guardian's consent must be documented.] The patient and/or guardian must be afforded the opportunity to have concerns and questions addressed by the dentist; and
- 7. The patient and/or guardian's consent must be documented.
- (7) Monitoring Procedures.
- (A) [Conscious] Moderate sedation patients shall be monitored under the direct and continuous supervision of a sedation team member
- (B) For the purpose of supervising and monitoring a *[conscious-ly]* moderately sedated patient, members of the sedation team shall be[:]—
  - 1. Capable of physical assessment of a sedated patient;
- 2. Certified in [Basic Life Support (BLS), Cardiopulmonary Resuscitation (CPR),] the American Heart Association's Basic Life Support for the Healthcare Provider (BLS) or an equivalent certification approved by the Missouri Dental Board. Board-approved courses shall meet the American Heart Association guidelines for cardiopulmonary resuscitation (CPR) and emergency cardiovascular care (ECC) and provide written and manikin testing on the course material by an instructor who is physically present with the students. Online only courses will not be accepted to satisfy the BLS requirement or Advanced Cardiopulmonary Life Support (ACLS);
- 3. Certified in monitoring *[conscious]* moderate sedation from a board-approved course provider (certification of non-dentists shall be approved by their respective licensing authorities); and
- 4. Knowledgeable about medical emergency response incident to the use of enteral, *[and]* parenteral, *[conscious]* and pediatric moderate sedation, including the use of resuscitation equipment and emergency medications.
- (F) A *[consciously]* moderately sedated patient must have direct and continuous supervision and monitoring until oxygenation, respiration, and circulation are stable and the patient is appropriately responsive for discharge from the facility.
- (8) Discharge Assessment and Procedures.
- (A) The final responsibility for determining whether a patient is appropriately responsive and stable for discharge rests solely with the dentist. This may be done in consultation with a **certified registered** nurse anesthetist or an anesthesiologist.
- (B) Patients who have unusual reactions to enteral, *[or]* parenteral, *[conscious]* or pediatric moderate sedation shall be assisted and monitored until stable for discharge. Recovery must be documented.

- (C) The patient must be continually *[observed]* monitored during the recovery period and discharged only when the following criteria are met:
  - 1. Cardiovascular function is satisfactory and stable;
  - 2. Airway patency is uncompromised and satisfactory;
  - 3. Patient is easily arousable and protective reflexes intact;
  - 4. Patient's state of hydration is adequate;
  - 5. Patient can verbalize appropriately;
  - 6. Patient can sit unaided;
  - 7. Patient can ambulate with minimal precautionary assistance;
- 8. For a very young child or disabled patient, the pre-sedated level of responsiveness should be achieved;
- 9. [Appropriate post-discharge supervision confirmed; and] Patients receiving reversal agents may only be discharged after a two- (2-) hour observation period from the last dose of reversal agent and must meet the usual discharge criteria;
- 10. [Post-operative instructions reviewed with individual responsible for post-discharge supervision.] Appropriate post-discharge supervision is confirmed; and
- 11. Written post-operative instructions reviewed with and signed by the individual responsible for post-discharge supervision.

#### (9) Personnel.

(A) The minimum number of individuals available to support a sedated patient shall be three (3): the dentist and two (2) members of the sedation team, which may include a **certified registered** nurse anesthetist or an anesthesiologist.

## (10) Facilities and Equipment.

- (A) Access and egress to the dental facility and the operatories used for *[conscious]* moderate sedation shall meet the requirements of the Americans with Disabilities Act (ADA) and allow access for emergency medical personnel and equipment.
- (F) An electrocardiograph is recommended equipment if the primary administrator of enteral and/or parenteral *[conscious]* moderate sedation is competent in its use and interpretation.

#### (11) Resuscitation Equipment.

- (C) All *[conscious]* moderate sedation permit holders should have immediate access to *[:]*
  - 1. Airway and ventilation equipment[;]—
    - A. Oxygen;
- B. Full face masks of appropriate sizes to accommodate all sedated patients;
  - C. Mechanism to deliver O<sub>2</sub> with positive pressure;
- D. Equipment for performing an emergency cricothyroidotomy; and
  - E. Nasopharyngeal and oral airways;
  - 2. Tonsillar suction;
- 3. Syringes and needles for intravenous (I.V.) drug administration; and
  - 4. Unexpired medications as set forth in section (15).
- (D) In addition, parenteral *[conscious]* moderate sedation permit holders should have immediate access to *[:]*—
- 1. I.V. solutions and equipment for establishment of an I.V. route, and appropriate fluids;
  - 2. Sterile water for injection and/or mixing or dilution of drugs;
  - 3. Catheter suction; and
  - 4. Syringes and needles for I.V. drug administration.

#### (12) Site Certificate.

- (A) No facility shall be the site for the administration of enteral and/or parenteral [conscious] moderate sedation without being issued a site certificate pursuant to [4 CSR 110-4.020] 20 CSR 2110-4.020.
- (B) The board may require a facility requesting a site certificate for *[conscious]* moderate sedation undergo a facility inspection.

Facility inspections will be conducted by board-appointed consultants [from the Conscious Sedation Evaluation Committee of the Missouri Dental Board]. A facility inspection will be deemed satisfactory when all criteria in subsections (12)(C) and (D) of this rule have been satisfactorily met.

- 1. All parenteral **and pediatric moderate** sedation permit applicants shall receive an on-site evaluation[;].
- 2. Enteral *[conscious]* moderate sedation permit applicants may receive an on-site evaluation*[; and]*.
- 3. The board may, at any time, inspect a facility where *[conscious]* moderate sedation is administered in order to verify compliance with the minimum requirements of the *[conscious]* moderate sedation rule.
- (D) Sedation team members shall be capable of safely executing procedures associated with enteral and/or parenteral [conscious] and pediatric moderate sedation. The dentist-in-charge shall verify the following via notarized affidavit:
- 1. The primary administrator of enteral, <code>[and/or]</code> parenteral, <code>[conscious]</code> or pediatric moderate sedation is a qualified sedation provider as defined in subsection (1)<code>[(S)](CC)</code> of <code>[4 CSR 110-4.010]</code> who maintains current certification and licensure in their field of practice;
- 2. Appropriate patient records are maintained as set forth in section (2) of this rule;
- 3. Appropriate patient selection criteria are employed as set forth in sections (3) and (4) of this rule. The dentist-in-charge and permitted dentists should be prepared to demonstrate knowledge of physical evaluation of patients, **American Society of Anesthesiologists** (ASA) classifications, and their application to appropriate patient selection;
- 4. Appropriate informed consent is utilized as set forth in section (5) of this rule;
- 5. Time oriented anesthesia records are appropriately maintained as set forth in section (6) of this rule;
- 6. Direct and continuous monitoring of sedated patients is accomplished by sedation team members through recovery until discharge as set forth in section (7) of this rule;
- 7. Appropriate documentation occurs for the management and treatment of sedated patients; and
- 8. Appropriate criteria are in place to determine when a patient can be safely discharged and appropriate post-operative instructions are given to responsible individuals who will supervise the sedated patient after discharge as set forth in section (8) of this rule.
- (E) The sedation team shall be capable of responding to emergencies incident to the administration of enteral, <code>[and/or]</code> parenteral, <code>[conscious]</code> or pediatric moderate sedation. The sedation team should be prepared for the following emergencies and be competent in simulated responses:
  - 1. General emergency response protocol;
  - 2. Laryngospasm;
  - 3. Acute airway obstruction;
  - 4. Cardiopulmonary arrest;
  - 5. Allergic reaction to drugs;
  - 6. Hypotension;
  - 7. Angina pectoris;
  - 8. Possible myocardial infarction;
  - 9. Emesis and aspiration of vomitus; and
  - 10. Convulsions.

# (13) Board-Approved Courses.

- (A) A course satisfying the educational requirements for an enteral *[conscious]* moderate sedation permit shall include, but not be limited to:
  - 1. Appropriate definitions;
  - 2. Appropriate patient records;
  - 3. Review of history and physical evaluation;
  - 4. ASA classification;
  - 5. Indications for medical consultations:

- 6. Appropriate patient selection;
- 7. Properly maintained and equipped facilities;
- 8. Informed consent;
- 9. Pharmacological review of common sedatives and reversal agents;
- 10. Incremental dosing techniques not to exceed one and one-half (1.5) times the recommended dose of a sedative by the manufacturer.
  - [10.]11. Time oriented anesthesia record;
- [11.]12. Monitoring and assessment of the sedated patient during treatment and recovery;
- [12.]13. Appropriate documentation of the management and treatment of sedated patients;
  - [13.]14. Appropriate discharge criteria;
  - [14.]15. Post-sedation instructions;
- [15.]16. Response to most common emergencies incident to administration of [conscious] moderate sedation; [and]
- 17. A minimum of ten (10) sedation experiences with direct clinical experience on a minimum of three (3) patients in a group of dentists/students no greater than five (5);
- 18. Simulated experience with an overly sedated patient and how to rescue that patient until they recover;
- 19. Drug Enforcement Administration (DEA) record keeping; and
- [16.]20. [An] Pass an independent examination such as the American Dental Society of Anesthesiology (ADSA) moderate sedation fellowship exam or other board-approved test measuring knowledge required of a dentist essential for safe and efficient [conscious] moderate sedation of dental patients.
- (B) The sedation monitoring course content shall include, but not be limited to:
  - 1. Appropriate definitions;
  - 2. Appropriate patient records;
- 3. Basic pharmacology, including but not limited to drug interactions with sedatives;
- 4. Basic anatomy and physiology as it pertains to the sedated patient;
- [3.]5. Reviewing patient records for essential data and screening medical histories;
  - [4.]6. ASA classification and appropriate patient selection;
    - [5.]7. Properly maintained and equipped facilities;
    - /6./8. Informed consent;
    - [7.]9. Time oriented anesthesia record;
- [8./10. Monitoring and assessment of the sedated patient during treatment and recovery;
- [9.]11. Appropriate documentation of the management and treatment of sedated patients;
  - [10.]12. Appropriate discharge criteria;
  - 13. DEA record keeping;
- [11.]14. Auxiliary roles in response to most common emergencies incident to administration of [conscious] moderate sedation;
- [12.]15. An examination measuring knowledge necessary for safe, effective monitoring of a sedated dental patient.
- (14) References.
  - (B) American Dental Association Guidelines for the Use of [Conscious] Sedation[, Deep Sedation] and General Anesthesia [for] by Dentists as adopted by the October 2007 ADA House of Delegates, American Dental Association, 211 East Chicago Avenue, Chicago, IL 60611-2678.
- (16) Sample Informed Consent for [Conscious] Moderate Sedation. The purpose of this document is to provide an opportunity for patients to understand and give permission for [conscious] moderate sedation when provided along with dental treatment. Each item should be checked off after the patient has the opportunity for discussion and questions.

1. I understand that the purpose of <i>[conscious]</i> moderate sedation is to more comfortably receive necessary care. <i>[Conscious]</i> Moderate sedation is not required to provide the necessary dental care. (See #4 options.)
2. I understand that <i>[conscious]</i> moderate sedation is a drug-induced state of reduced awareness and decreased ability to respond. <i>[Conscious]</i> Moderate sedation is not sleep from which I can be easily awakened. My ability to respond normally returns when the effects of the sedative wear off.
3. I understand that my <i>[conscious]</i> moderate sedation will be achieved by the following route:
Oral Administration: I will take a pill approximately minutes before my appointment. The sedation will last approximately to hours. Patients like oral sedation because they do not need an "I.V." line. However the level of sedation is less predictable than with "I.V." sedation.
Intravenous (I.V.) Administration: The anesthesia provider will inject the sedative. The length of sedation may be shorter and the level more predictable than with oral sedation. The I.V. sedation will last approximately to hours.
4. I understand that the options to [conscious] moderate
sedation are:  a. No sedation: The necessary procedure is performed under local anesthetic with the patient fully aware.
b. Nitrous oxide sedation: Commonly called laughing gas, nitrous oxide provides relaxation but the patient is still generally aware of surrounding activities. Its effects can be reversed in five (5) minutes with oxygen.
c. General anesthetic: Commonly called deep sedation, a patient under general anesthetic has no awareness and must have their breathing temporarily supported. General anesthesia is more appropriate for longer procedures lasting three (3) or more hours.
5. I understand that there are risks or limitations to all procedures. For sedation these include:
(Oral Sedation) Inadequate sedation with initial dosage may require the patient to undergo the procedure without full sedation or delay the procedure for another time. Due to unpredictable patient response, it is not recommended that oral sedatives be given in successive or additive doses.
An atypical reaction to sedative drugs that may require emergency medical attention and/or hospitalization.  Inability to discuss treatment options with the doctor
should the circumstance require a change in treatment plan.
6. If, during the procedure, a change in treatment is required, I authorize the dentist and the sedation team to make whatever change they deem in their professional judgment is necessary.
7. I have had the opportunity to discuss <i>[conscious]</i> moderate sedation and have my questions answered by sedation team members including the dentist, if I so desire.
8. I hereby consent to <i>[conscious]</i> moderate sedation in conjunction with my dental care.

AUTHORITY: sections 332.031 and 332.361, RSMo 2000, and section 332.071, RSMo Supp. [2004] 2011. This rule originally filed as 4 CSR 110-4.030. Original rule filed Sept. 15, 2004, effective

Date

Witness

Patient/Guardian

April 30, 2005. Moved to 20 CSR 2110-4.030, effective Aug. 28, 2006. Amended: Filed July 26, 2012.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Missouri Dental Board, PO Box 1367, Jefferson City, MO 65102, by facsimile at (573) 751-8216, or via email at dental@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.

# Title 20—DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION

Division 2110—Missouri Dental Board Chapter 4—Sedation

#### PROPOSED AMENDMENT

**20 CSR 2110-4.040 Deep Sedation/General Anesthesia.** The board is adding sections (1), (5), and (14); deleting sections (10) and (11); amending current sections (1)–(9) and (12)–(17); and renumbering as necessary.

PURPOSE: This amendment more clearly defines the terminology used in dental offices providing deep sedation/general anesthesia, and replaces outdated terminology with the more recent terminology adopted by the American Dental Association. The proposed amendment change will also greatly enhance the safety of individual dental patients undergoing deep sedation/general anesthesia procedures.

- (1) Because sedation and general anesthesia are a continuum, it is not always possible to predict how an individual patient will respond. Hence, practitioners intending to produce a given level of sedation should be able to diagnose and manage the physiologic consequences (rescue) for patients whose level of sedation becomes deeper than initially intended. For all levels of sedation, the practitioner must have the training, skills, drugs, and equipment to identify and manage such an occurrence until either assistance arrives (emergency medical service) or the patient returns to the intended level of sedation without airway or cardiovascular complication.
- [(1)](2) No dentist shall administer deep sedation/general anesthesia unless the dentist possesses a permit issued by the Missouri Dental Board. This permit shall be renewed by June 1 every five (5) years from the [date] year of issuance.
- [(2)](3) No dental office shall be the site for the administration of deep sedation/general anesthesia without being issued a site certificate issued by the Missouri Dental Board. The site certificate shall be renewed by June 1 every five (5) years from the [date] year of issuance. The dentist-in-charge is responsible for submitting the application and maintaining the documentation as required in sections [(6)] (7) and [(8)] (9) of this rule.
- [(3)](4) No dentist shall prescribe deep sedation/general anesthesia agents unless the dentist possesses a deep sedation/general anesthesia permit.

(5) If the primary administrator of deep sedation/general anesthesia in a dental office is a certified registered nurse anesthetist, the operating dentist must possess a deep sedation/general anesthesia permit.

[(4)](6) If the primary administrator of deep sedation/general anesthesia in a dental office is an anesthesiologist or a **certified registered** nurse anesthetist, the **operating** dentist must order the anesthesia services, is responsible for the readiness of the dental office, preoperative patient evaluation and appropriate medical consultations, the coordination of and emergency preparedness of the anesthesia team, and the maintenance of appropriate records. The **operating** dentist must evaluate the patient prior to the procedure, remain in the dental office, and evaluate the patient prior to discharge.

[(5)](7) To qualify for a permit to administer deep sedation/general anesthesia, a dentist shall[:]—

- (A) Document satisfactory completion of[:]—
- 1. [A post-doctoral training program in anesthesia and related subjects that satisfies the requirements described in Part II of the American Dental Association (ADA) Guidelines for Teaching the Comprehensive Control of Pain and Anxiety in Dentistry at the time the training was commenced] An advanced educational program accredited by the American Dental Association (ADA) Commission on Dental Accreditation that affords comprehensive and appropriate training necessary to administer and manage deep sedation or general anesthesia, commensurate with Part IV.C of these guidelines. For all levels of sedation and anesthesia, dentists, who are currently providing sedation and anesthesia in compliance with their state rules and/or regulations prior to adoption of this document, are not subject to these additional requirements; or
- An ADA-accredited post-doctoral training program in oral and maxillofacial surgery; or
- 3. An anesthesia training program that is approved and accredited to teach postgraduate medical education by the Accreditation Council for Graduate Medical Education of the American Medical Association (AMA), or the Education Committee of the American Osteopathic Association (AOA); [and] or

# 4. A Diplomate of the American Dental Board of Anesthesiology;

- (B) Document completion of an Advanced Cardiac Life Support (ACLS) course or board-approved equivalent during the past five (5) years or a minimum of fifteen (15) hours of other board-approved continuing education pertaining to medical emergencies, anesthetic complications, or patient management while under deep sedation/general anesthesia. Additional hours, not to exceed five (5), acquired beyond the required number may be carried forward into the renewal cycle;
- (C) Undergo and [S]successfully complete an on-site evaluation [as defined in subsection (6)(C) of this rule] by consultants appointed by the board or other qualified personnel approved by the board to confirm the adequacy of the facility and the competency of the personnel. On-site evaluations shall be conducted in accordance with the guidelines in the current American Association of Oral and Maxillofacial Surgeons (AAOMS) Office Anesthesia Evaluation Manual; and
- (D) Document that the facility to be used for deep sedation/general anesthesia has been issued a deep sedation/general anesthesia site certificate.
- [[6]](8) To qualify for a deep sedation/general anesthesia site certificate the dental office must—
- (A) Be properly equipped in accordance with the [American Association of Oral and Maxillofacial Surgeons (AAOMS)] AAOMS Office Anesthesia Evaluation Manual, 8th Edition, 2012, American Association of Oral and Maxillofacial Surgeons, 9700

- West Bryn Mawr Avenue, Rosemont, IL 60018-5701, which is incorporated by reference, including but not limited to the capability of delivering positive pressure oxygen, blood pressure and electrocardiographic (ECG) monitoring, and pulse oximetry. This rule does not incorporate any subsequent amendments or additions;
- (B) Have and maintain personnel capable of handling procedures and emergencies incident to the administration of deep sedation/general anesthesia[;] including but not limited to:
- 1. All deep sedation/general anesthesia sedation team members (two (2) minimum) and the operating dentist possess and maintain current certification in the American Heart Association's Basic Life Support for the Healthcare Provider (BLS), or an equivalent certification approved by the Missouri Dental Board. Board-approved courses shall meet the American Heart Association guidelines for cardiopulmonary resuscitation (CPR) and emergency cardiovascular care (ECC) and provide written and manikin testing on the course material by an instructor who is physically present with the students. Online only courses will not be accepted to satisfy the BLS requirement or ACLS; and
- 2. All deep sedation/general anesthesia sedation team members, including the operating dentist, have completed a board-approved course in monitoring sedated patients during the past five (5) years. Certification of non-dentists shall be approved by their respective licensing authorities;
- (C) Undergo and successfully complete [an on-site evaluation] a facility inspection by consultants appointed by the board or other qualified personnel approved by the board to confirm the adequacy of the facility and [competency of the personnel. On-site evaluations shall be conducted in accordance with guidelines in the current AAOMS Office Anesthesia Evaluation Manual;] the qualifications of the deep sedation/general anesthesia sedation team; and
- (D) The dentist in charge of the dental office shall document that [:]—
- 1. The administrator of deep sedation/general anesthesia is a qualified sedation provider as defined in [4 CSR 110-4.030] 20 CSR 2110-4.010; and
- 2. All anesthesia team members, including the operating dentist, possess and maintain current certification in [cardiopulmonary resuscitation (CPR), basic life support (BLS),] the American Heart Association's Basic Life Support for the Healthcare Provider (BLS) or an equivalent certification approved by the Missouri Dental Board. Board-approved courses shall meet the American Heart Association guidelines for cardiopulmonary resuscitation (CPR) and emergency cardiovascular care (ECC) and provide written and manikin testing on the course material by an instructor who is physically present with the students. Online only courses will not be accepted to satisfy the BLS requirement, or ACLS.
- [(7)](9) The board shall issue a deep sedation/general anesthesia permit upon receipt of a completed application form provided by the board, payment of the appropriate fee, proof of having met the requirements of section [(5)] (7) of this rule and determination that the applicant is a licensee in good standing. To be in good standing the licensee's dental license(s) must be current and not under restriction or discipline in any state. The requirements of this section and the on-site evaluation must be completed within one (1) year of the date of submission of the application form.
- [(8)](10) The board shall issue a deep sedation/general anesthesia site certificate upon receipt of a completed application form provided by the board, payment of the appropriate fee, and proof of having met the requirements of section [(6)] (8) of this rule. The requirements of this section and the on-site evaluation for each site to be

authorized must be completed within one (1) year of the date of submission of the application form.

[(9)](11) The board may authorize a dentist initially applying for a deep sedation/general anesthesia permit to administer deep sedation/general anesthesia [pending] in order to complete an on-site evaluation according to subsection [(6)](8)(C) of this rule providing all other requirements outlined in sections [(5)] (7) and [(7)] (9) have been met. Such authorization shall be in writing and in effect for a period not to exceed ninety (90) days.

- [(10) When the primary administrator of anesthesia at a dental office is not a dentist with a valid deep sedation/general anesthesia permit, the board may authorize the dentist initially applying for a deep sedation/general anesthesia site certificate to allow the primary administrator to administer deep sedation/general anesthesia pending an on-site evaluation according to subsection (6)(C) of this rule providing all other requirements outlined in sections (6) and (8) have been met. Such authorization shall be in writing and in effect for a period not to exceed ninety (90) days.
- (11) Subsequent to an on-site evaluation as outlined in subsection (6)(C) of this rule, the board, at its discretion, may issue a temporary authorization to administer deep sedation/general anesthesia to any dental office, providing all other provisions of this rule have been met. Such authorization shall be in writing and in effect for a period not to exceed ninety (90) days. A reevaluation may be undertaken prior to the issuance of a site certificate. The fee for the reevaluation shall be the same as the initial evaluation.]
- (12) To renew a deep sedation/general anesthesia permit a dentist shall, at least ninety (90) days prior to the expiration of the current permit[:]—
- (B) Submit the renewal fee specified in [4 CSR 110-2.170] 20 CSR 2110-2.170 payable to the Missouri Dental Board;
- (C) Document [completion during the past five (5) years of]—
- 1. [An] Current certification in Advanced Cardiac Life Support (ACLS) [course]; [or] and
- 2. [A] Completion during the past five (5) years of a minimum of fifteen (15) hours of other board-approved continuing education pertaining to [medical emergencies, anesthesia complications, or patient management while under sedation] airway management in sedated patients.
- 3. Additional hours, not to exceed five (5), acquired beyond the required number may be carried forward into the renewal cycle;
- (13) To renew a site certificate for deep sedation/general anesthesia the dentist-in-charge shall, at least ninety (90) days prior to the expiration of the current site certificate [:]—
- (B) Submit the renewal fee specified in [4 CSR 110-2.170] 20 CSR 2110-2.170 payable to the Missouri Dental Board;
- (C) Attest that the primary administrator of deep sedation/general anesthesia is a qualified sedation provider as set forth in [4 CSR 110-4.010(1)(S)] 20 CSR 2110-4.010(1)(CC);
- (D) Document that anesthesia team members, including the operating dentist, possess and maintain current certification in [CPR, BLS,] the American Heart Association's Basic Life Support for the Healthcare Provider (BLS) or an equivalent certification approved by the Missouri Dental Board. Board-approved courses shall meet the American Heart Association guidelines for cardiopulmonary resuscitation (CPR) and emergency cardiovascular care (ECC) and provide written and manikin testing on the course material by an instructor who is physically present with

- the students. Online only courses will not be accepted to satisfy the BLS requirement or ACLS; [and]
- (E) Document that all deep sedation/general anesthesia sedation team members, including the operating dentist, have completed a board-approved course in monitoring sedated patients during the past five (5) years; and
- [(E)](F) [Successfully complete an on-site evaluation as defined in subsection (6)(C) of this rule.] Undergo and successfully complete a facility inspection by consultants appointed by the board or other qualified personnel approved by the board to confirm the adequacy of the facility and the qualifications of the deep sedation/general anesthesia sedation team.
- (14) Each dentist possessing a permit to administer deep sedation/general anesthesia shall maintain current certification in Advanced Cardiac Life Support (ACLS) at all times the sedation permit is active.
- [(14)](15) A dentist holding a permit for authorization for the administration of deep sedation/general anesthesia under the provisions of this rule may administer enteral, [and/or] parenteral, [conscious] or pediatric moderate sedation without a permit for enteral and/or parenteral [conscious] moderate sedation as required under [4 CSR 110-4.020] 20 CSR 2110-4.020.
- [(15)](16) At any time, the board may inspect sites where deep sedation/general anesthesia is administered in order to verify compliance with the minimum requirements of this rule.
- [(16)](17) If at any time the board learns that a dentist who holds a deep sedation/general anesthesia permit, or a deep sedation/general anesthesia site certificate, has failed to meet the minimum qualifications set out in this rule, the board may pursue disciplinary action in accordance with section 332.321, RSMo.
- [(17)](18) The provisions of this rule are declared severable. If any provision of this rule is held invalid by a court of competent jurisdiction, the remaining provisions of this rule shall remain in full force and effect unless otherwise determined by a court of competent jurisdiction.
- AUTHORITY: sections 332.031 and 332.361, RSMo 2000, and section 332.071, RSMo Supp. [2004] 2011. This rule originally filed as 4 CSR 110-4.040. Original rule filed Sept. 15, 2004, effective April 30, 2005. Moved to 20 CSR 2110-4.040, effective Aug. 28, 2006. Amended: Filed July 26, 2012.
- PUBLIC COST: This proposed amendment will cost state agencies or political subdivisions approximately eighty-seven thousand four hundred eighty-nine dollars and three cents to ninety-five thousand two hundred seventy-three dollars and twenty-four cents (\$87,489.03 to \$95,273.24) during the first year of implementation and approximately nine dollars and sixty-six cents to ten dollars and eleven cents (\$9.66 to \$10.11) beginning in FY14 and recurring annually for the life of the rule. It is anticipated that the costs will recur for the life of the rule, may vary with inflation, and are expected to increase at the rate projected by the Legislative Oversight Committee.
- PRIVATE COST: This proposed amendment will cost private entities approximately thirty-five thousand dollars to sixty thousand dollars (\$35,000 to \$60,000) during the first year of implementation and approximately three thousand one hundred fifty dollars to five thousand four hundred dollars (\$3,150 to \$5,400) beginning in FY14 and recurring annually for the life of the rule. It is anticipated that the costs will recur for the life of the rule, may vary with inflation, and are expected to increase at the rate projected by the Legislative Oversight Committee.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Missouri Dental Board, PO Box 1367, Jefferson City, MO 65102, by facsimile at (573) 751-8216, or via email at dental@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.

# **PUBLIC FISCAL NOTE**

#### I. RULE NUMBER

Title 20 - Department of Insurance, Financial Institutions and Professional Registration Division 2110 - Missouri Dental Board

Chapter 4 - Sedation

Proposed Amendment - 20 CSR 2110-4.040 Deep Sedation/General Anesthesia

Prepared July 19, 2012 by the Division of Professional Registration

#### II. SUMMARY OF FISCAL IMPACT

Affected Agency or Political Subdivision	Estimated Cost of Compliance During the First Year of Implementation		
		\$87,489.03	
Missouri Dental Board	to \$95,273.24		
		\$87,489.03	
	Total Cost of Compliance	to	
	for the First Year of Implementation	\$95,273.24	

Affected Agency or Political Subdivision	Estimated Cost of Compliance Beginning in	n FY14	
		\$9.66	
Missouri Dental Board	to		
		\$10.11	
		\$9.66	
	Total Cost of Compliance Beginning in FY14	to	
	and Recurring Annually Thereafter	\$10.11	

# III. WORKSHEET

The Licensing Supervisor provides support services to the board and Executive Director related to administrative, fiscal, legislative, and rule processes. In this case the Licensing Supervisor will prepare and mail out letters to each licensee to inform them of the new pediatric sedation requirements. The Processing Technician II provides technical support, processes applications for licensure, and responds to inquiries related to the licensure law and/or rules and regulations. In this case the Processing Technician II will process applications and mail out the deep sedation permits to qualified and approved applicants.

Personal Service Dollars During the First Year of Implementation

STAFF	ANNUAL SALARY RANGE	SALARY TO INCLUDE FRINGE BENEFIT	HOURLY SALARY	COST PER MINUTE	TIME PER APPLICATION	COST PER APPLICATION	NUMBER OF ITEMS	TOTAL COST
Licensing Supervisor	\$30,096 to \$32,856	to	to	to	60 minutes	\$21.81 10 \$23.80	3889 Licensees	\$84,800.15 to \$92,576.88
Processing Technician II	\$24,576 to \$26,640	to	to	to	3 minutes	\$0.89 to \$0.97	Applicants	\$89.03 to \$96.51
					Total Personal	Service Costs Dur Year of Imp	-	\$84,889.18 to \$92,673.39

The Processing Technician II provides technical support, processes applications for licensure, and responds to inquiries related to the licensure law and/or rules and regulations. In this case the Processing Technician II will process applications and mail out the deep sedation permits to qualified and approved applicants.

Personal Service Dollars Beginning in FY14 and Recurring Annually Thereafter

STAFF	ANNUAL SALARY RANGE	SALARY TO INCLUDE FRINGE BENEFIT	HOURLY SALARY	COST PER MINUTE	TIME PER APPLICATION	COST PER APPLICATION	NUMBER OF ITEMS	TOTAL COST
Processing	\$24,576	\$37,036	\$17.81	\$0.30		\$0.89	6 Applicants	\$5.34
Technician II	to	to	to	lo	3 minutes	to		to
	\$26,640	\$40,146	\$19.30	\$0.32		\$0.97		<b>\$5.7</b> 9
	•							\$5.34
					Total Perso	nal Service Costs ]	Beginning in	lo
							FY14	\$5.79

Expense and Equipment Dollars During the First Year of Implementation

Item	Cost	Quantity	Total Cost Per Item	
Correspondence Mailing	\$0.65	3889	\$2,527.85	
License Printing and	\$0.72	100	\$72.00	
	Total Expense and	\$2,599.85		

Expense and Equipment Dollars Beginning in FY14 and Recurring Annually Thereafter

Item	Cost	Quantity	Total Cost Per Item						
License Printing and	\$0.72	6	\$4.32						
	Total Expense and	<b>Equipment Costs</b>	\$4.32						

- Employees' salaries were calculated using the annual salary multiplied by 50.70% for fringe benefits and then divided by 2080
  hours per year to determine the hourly salary. The hourly salary was then divided by 60 minutes to determine the cost per
  minute. The cost per minute was then multiplied by the amount of time individual staff spent on the processing of applications
  or renewals. The total cost was based on the cost per application multiplied by the estimated number of applications.
- 2. Currently there are no separate requirements for practitioners providing sedation services to pediatric patients. The board's research has shown that there are differences in training and equipment needs between offices who are sedating adults and offices that are sedating children. This rule creates a separate permit, with separate training requirements for practitioners who want to sedate pediatric patients. A practitioner who is sedating pediatric patients under the authority of an existing conscious sedation permit may now have to acquire additional training to qualify for a pediatric sedation permit. Costs for training are established by the individual training providers and may range from \$700-\$2000 depending on the individual practitioner's training needs.
- 3. It is anticipated that the total costs will recur for the life of the rule, may vary with inflation and are expected to increase at the rate projected by the Legislative Oversight Committee.

# PRIVATE FISCAL NOTE

# I. RULE NUMBER

Title 20 - Department of Insurance, Financial Institutions and Professional Registration

Division 2110 - Missouri Dental Board

Chapter 4 - Sedation

Proposed Amendment - 20 CSR 2110-4.040 Deep Sedation/General Anesthesia

Prepared July 19, 2012 by the Division of Professional Registration

# II. SUMMARY OF FISCAL IMPACT

First Year of Implementation of Rule

Estimate the number of entities by class which would likely be affected by the adoption of the proposed rule:	Classification by type of the business entities which would likely be affected:	Estimated cost of compliance with the rule by affected entities during the first year of implementation:
200	Dental Assistants on Sedation Team (Sedation Monitoring Training Course @ \$175-\$300)	\$35,000 -\$60,000
	Estimated Cost of Compliance for the First Year of Implementation	· · · ·

Beginning in FY14 and Continuing Annually for the Life of the Rule

Estimate the number of entities by class which would likely be affected by the adoption of the proposed rule:	Classification by type of the business entities which would likely be affected:	Estimated cost of compliance with the rule by affected entities beginning in FY14 and Continuing Annually for the Life of the Rule:
18	New Sedation Team Members (Sedation Monitoring Training Course @ \$175-\$300)	\$3,150 -\$5,400
	Estimated Annual Cost of Compliance Beginning in FY14 and Recurring Annually Thereafter	,

#### III. WORKSHEET

See table above.

- 1. The above figures are based on FY11 actuals.
- 2. Currently there are 113 deep sedation site certificates issued. Of those 113 certificates there are approximately 100 sedation teams, when figuring in dentists who have multiple locations but utilize the same sedation team. Each team consists of a dentist and two dental assistants. Dentists obtain their required training prior to the issuance of the site certificate. Dental Assistants will now be required to obtain the same training as the Dentist. The board estimates approximately 6 new site certificates to be issued each year following the year of implementation based on FY10 actuals.
- 3. It is anticipated that the total cost will recur for the life of the rule, may vary with inflation and is expected to increase at the rate projected by the Legislative Oversight Committee.

#### Title 20—DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION

Division 2231—Division of Professional Registration Chapter 1—Organization and Description of Division

#### PROPOSED AMENDMENT

20 CSR 2231-1.010 General Organization. The division is proposing to amend section (4), subsection (4)(J), renumber the remaining subsections accordingly, amend the new subsection (4)(FF), and amend subsection (5)(K).

PURPOSE: This amendment updates the list of boards assigned to the division.

(4) Boards, commissions, [and] committees, councils, and offices assigned to the division are[:]-

(J) Behavior Analyst Advisory Board;

[(J)](K) Committee for Professional Counselors;

[(K)](L) Missouri Dental Board;

[(L)](M) Advisory Commission for Dental Hygienists;

/(M)/(N) State Committee of Dietitians;

[(N)](O) Office of Endowed Care Cemeteries;

[(O)](P) State Board of Embalmers and Funeral Directors;

[(P)](Q) Board of Geologist Registration;

[(Q)](R) State Board of Registration for the Healing Arts;

[(R)](S) Missouri Board of Examiners for Hearing Instrument Specialists;

[(S)](T) Interior Design Council;

/(T)/(U) Missouri State Committee of Interpreters:

[(U)](V) State Committee for Marital and Family Therapists;

[(V)](W) Board of Therapeutic Massage;

[(W)](X) Missouri State Board of Nursing;

[(X)](Y) Missouri State Board of Occupational Therapy;

[(Y)](**Z**) State Board of Optometry;

[(Z)](AA) Advisory Commission for Clinical Perfusionists;

[(AA)](BB) State Board of Pharmacy;

/(BB)/(CC) Advisory Commission for Physical Therapists;

[(CC)](DD) Advisory Commission for Physician Assistants;

[(DD)](EE) State Board of Podiatric Medicine;

[(EE)](FF) Board of Private Investigator and Private Fire Investigator Examiners;

[(FF)](GG) State Committee of Psychologists;

[(GG)](HH) Missouri Real Estate Appraisers Commission;

/(HH)/(II) Missouri Real Estate Commission;

/////(JJ) Missouri Board for Respiratory Care;

[(JJ)](KK) State Committee for Social Workers;

[(KK)](LL) Advisory Commission for Speech-Language Pathologists and Audiologists;

[(LL)](MM) Office of Tattooing, Body Piercing, and Branding;

[(MM)](NN) Missouri Veterinary Medical Board.

(5) The primary duties of the division consist of the following:

(K) Maintaining the central personnel records of the division[,] and each of the boards, commissions, [and] committees, councils, and offices.

AUTHORITY: section 536.023(3), RSMo Supp. [2007] 2011. This rule originally filed as 4 CSR 231-1.010. Original rule filed Feb. 9, 1982, effective May 13, 1982. For intervening history, please consult the Code of State Regulations. Amended: Filed July 26, 2012.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Missouri Division of Professional Registration, 3605 Missouri Boulevard, Jefferson City, MO 65109, or email at pr.prrules@pr.mo.gov, or by facsimile at (573) 751-0878. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.

#### Title 20—DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION

Division 2231—Division of Professional Registration Chapter 2—Designation of License Renewal Dates and Related Renewal Information

#### PROPOSED AMENDMENT

20 CSR 2231-2.010 Designation of License Renewal Dates and Related Renewal Information. The division is proposing to amend the chapter title and subsection (2)(H), renumber the remaining subsections accordingly, and amend the new subsections (2)(N), (2)(AA), (2)(EE), and (2)(HH).

PURPOSE: This rule is being amended to update the renewal schedule for various professions regulated by the Division of Professional Registration.

(2) The license renewal dates designated for each agency assigned to the division are-

(H) Behavior Analyst Advisory Board-

1. Behavior analysts-November 1; and

2. Assistant behavior analysts—December 1;

[(H)](I) Missouri State Board of Chiropractic Examiners—March

[(//](J) State Board of Cosmetology and Barber Examiners—

//J//(**K**) The Missouri Dental Board—December 1;

[(K)](L) State Committee of Dietitians—April 2;

[(L)](M) Advisory Commission for Dental Hygienists—December

[(M)](N) State Board of Embalmers and Funeral Directors—

1. Embalmers, funeral directors—June 1;

2. Preneed providers[,]—November 1;

3. [p]Preneed sellers—November 1; [and]
4. Preneed agents—November 1;

5. Funeral director preneed agents-November 1; and

/3./6. Funeral establishments—January 1;

[(N)](O) Endowed Care Cemeteries—September 1;

[(O)](P) Board of Geologist Registration—May 1;

[(P)](Q) The State Board of Registration for the Healing Arts— February 1;

[(Q)](R) Missouri Board of Examiners for Hearing Instrument Specialists—January 1;

[(R)](S) Interior Design Council—September 1;

[(S)](T) Missouri State Committee of Interpreters—February 1;

[(T)](U) State Committee of Marital and Family Therapists—

[(U)](V) Board of Therapeutic Massage—

- 1. Massage Therapy License-February 1; and
- 2. Massage Therapy Business License—February 1;

[(V)](W) The Missouri State Board of Nursing—

- 1. Registered nurses-May 1; and
- 2. Licensed practical nurses—June 1;

[(W)](X) Missouri Board of Occupational Therapy—July 1;

[(X)](Y) The State Board of Optometry—November 1;

[(Y)](Z) Advisory Commission for Clinical Perfusionists—February 1;

[(Z)](AA) The Missouri Board of Pharmacy—

- 1. Pharmacists/,/—November 1;
- 2. [p]Pharmacies—November 1;
- [2.]3. Pharmacy interns—January 1;
- [3.]4. Drug distributors—November 1; and
- [4.]5. Pharmacy technicians—June 1;

[(AA)](BB) Advisory Commission for Physical Therapists—February 1;

[(BB)](CC) Advisory Commission for Physician Assistants—February 1;

[(CC)](**DD**) State Board of Podiatric Medicine—March 1;

[(DD)](EE) [Missouri] Board of Private Investigator [Examiners] and Private Fire Investigator Examiners—[to be announced;]

- 1. Private investigators—May 1;
- 2. Private investigator agencies—June 1;
- 3. Agency private investigator employees—July 1;
- 4. Private fire investigators—to be announced;
- 5. Private fire investigator agencies—to be announced; and
- 6. Agency private fire investigator employees—to be announced;

[(EE)](FF) Committee for Professional Counselors—July 1;
[(FF)](GG) State Committee of Psychologists—February 1;
[(GG)](HH) Missouri Real Estate Appraisers Commission—[July 1;]

- 1. Real estate appraisers—July 1; and
- 2. Appraisal management companies—to be announced; [(HH)](II) Missouri Real Estate Commission—
- 1. Association, brokers, broker-associates, broker-officers, broker-partners, corporations, partnerships, inactive brokers, professional corporation-broker salespersons, broker-salepersons—July 1; and
- 2. Inactive salespersons, professional corporation-salespersons, salespersons—October 1;

[(///)](JJ) Missouri Board for Respiratory Care—August 1;

[/JJ]](KK) State Committee for Social Workers—October 1;

[(KK)](LL) Advisory Commission for Speech-Language Pathologists and Audiologists—February 1;

[(LL)](MM) Office of Tattooing, Body Piercing, and Branding—July 1; and

[(MM)](NN) Missouri Veterinary Medical Board—

- 1. Veterinarians, veterinary technicians—December 1; and
- 2. Veterinary facilities—April 1.

AUTHORITY: section [620.010.14(2), RSMo Supp. 2007] 324.001, RSMo Supp. 2011. This rule originally filed as 4 CSR 231-2.010. Emergency rule filed Feb. 9, 1982, effective Feb. 19, 1982, expired May 12, 1982. Original rule filed Feb. 9, 1982, effective May 13, 1982. For intervening history, please consult the Code of State Regulations. Amended: Filed July 26, 2012.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Missouri Division of Professional Registration, Jane Rackers, Division Director, PO Box 1335, Jefferson City, MO 65102, or via email at profreg@pr.mo.gov. To be considered, comments must be

received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.

#### Title 20—DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION

Division 2250—Missouri Real Estate Commission Chapter 2—General Rules

#### PROPOSED AMENDMENT

**20 CSR 2250-2.040 Disputes**. The commission is amending section (1)

PURPOSE: This amendment corrects the regulation to mirror sections 339.100.3. and 339.205, RSMo.

(1) The commission will not enter into disputes between licensees concerning matters of commissions. The license law and these rules are designed to regulate the business conduct of licensees in the interest of the public and to discipline licensees when warranted. The commission has no authority to *[levy fines or]* award money damages, but, as a condition of probation, may order restitution be made to injured parties.

AUTHORITY: sections 339.100.3., 339.120, and 339.205, RSMo Supp. [1993] 2011. This rule originally filed as 4 CSR 250-2.040. Original rule filed Sept. 25, 1975, effective Oct. 15, 1975. For intervening history, please consult the Code of State Regulations. Amended: Filed July 26, 2012.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Real Estate Commission, PO Box 1339, Jefferson City, MO 65102, by facsimile at (573) 751-2777, or via email at realestate@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.

This section will contain the final text of the rules proposed by agencies. The order of rulemaking is required to contain a citation to the legal authority upon which the order of rulemaking is based; reference to the date and page or pages where the notice of proposed rulemaking was published in the *Missouri Register*, an explanation of any change between the text of the rule as contained in the notice of proposed rulemaking and the text of the rule as finally adopted, together with the reason for any such change; and the full text of any section or subsection of the rule as adopted which has been changed from that contained in the notice of proposed rulemaking. The effective date of the rule shall be not less than thirty (30) days after the date of publication of the revision to the *Code of State Regulations*.

he agency is also required to make a brief summary of the general nature and extent of comments submitted in support of or opposition to the proposed rule and a concise summary of the testimony presented at the hearing, if any, held in connection with the rulemaking, together with a concise summary of the agency's findings with respect to the merits of any such testimony or comments which are opposed in whole or in part to the proposed rule. The ninety (90)-day period during which an agency shall file its order of rulemaking for publication in the Missouri Register begins either: 1) after the hearing on the proposed rulemaking is held; or 2) at the end of the time for submission of comments to the agency. During this period, the agency shall file with the secretary of state the order of rulemaking, either putting the proposed rule into effect, with or without further changes, or withdrawing the proposed rule.

## Title 5—DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION Division 20—Division of Learning Services Chapter 400—Office of Educator Quality

#### ORDER OF RULEMAKING

By the authority vested in the State Board of Education under sections 161.092, 168.021, 168.071, 168.081, and 168.400, RSMo Supp. 2011, and sections 168.011, 168.405, and 168.409, RSMo 2000, the board amends a rule as follows:

**5 CSR 20-400.150** Application for Certificate of License to Teach **is amended**.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on April 2, 2012 (37 MoReg 509). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

Title 5—DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
Division 20—Division of Learning Services
Chapter 400—Office of Educator Quality

### ORDER OF RULEMAKING

By the authority vested in the State Board of Education under sec-

tions 161.092, 168.021, 168.071, 168.081, and 168.400, RSMo Supp. 2011, and sections 168.011, 168.405, and 168.409, RSMo 2000, the board amends a rule as follows:

**5 CSR 20-400.160** Application for Certificate of License to Teach for Administrators **is amended**.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on April 2, 2012 (37 MoReg 509–510). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

# Title 5—DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION Division 20—Division of Learning Services Chapter 400—Office of Educator Quality

### ORDER OF RULEMAKING

By the authority vested in the State Board of Education under sections 161.092, 168.021, 168.071, 168.081, and 168.400, RSMo Supp. 2011, and section 168.011, RSMo 2000, the board amends a rule as follows:

**5 CSR 20-400.170** Application for a Student Services Certificate of License to Teach **is amended**.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on April 2, 2012 (37 MoReg 510). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

# Title 5—DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION Division 20—Division of Learning Services Chapter 400—Office of Educator Quality

### ORDER OF RULEMAKING

By the authority vested in the State Board of Education under sections 161.092, 168.021, 168.071, 168.081, and 168.083, RSMo Supp. 2011, and section 168.011, RSMo 2000, the board amends a rule as follows:

5 CSR 20-400.180 Temporary Authorization Certificate of License to Teach is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on April 2, 2012 (37 MoReg 510). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

### Title 5—DEPARTMENT OF ELEMENTARY AND **SECONDARY EDUCATION Division 20—Division of Learning Services**

Chapter 400—Office of Educator Quality

### ORDER OF RULEMAKING

By the authority vested in the State Board of Education under sections 161.092, 168.021, 168.071, and 168.081, RSMo Supp. 2011, and section 168.011, RSMo 2000, the board amends a rule as fol-

5 CSR 20-400.190 Application for a Career Education Certificate of License to Teach is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the Missouri Register on April 2, 2012 (37 MoReg 511). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the Code of State Regulations.

SUMMARY OF COMMENTS: No comments were received.

### Title 5—DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION **Division 20—Division of Learning Services**

Chapter 400—Office of Educator Quality

#### ORDER OF RULEMAKING

By the authority vested in the State Board of Education under sections 161.092, 168.021, 168.071, and 168.081, RSMo Supp. 2011, and section 168.011, RSMo 2000, the board amends a rule as fol-

5 CSR 20-400.200 Application for an Adult Education and Literacy Certificate of License to Teach is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the Missouri Register on April 2, 2012 (37 MoReg 511). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code* of State Regulations.

SUMMARY OF COMMENTS: No comments were received.

### Title 5—DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION

**Division 20—Division of Learning Services** Chapter 400—Office of Educator Quality

### ORDER OF RULEMAKING

By the authority vested in the State Board of Education under sections 161.092, 168.021, 168.071, 168.081, and 168.400, RSMo Supp. 2011, and section 168.011, RSMo 2000, the board amends a rule as follows:

5 CSR 20-400.250 Certificate of License to Teach Content Areas is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the Missouri Register on April 2, 2012 (37 MoReg 511-512). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the Code of State Regulations.

SUMMARY OF COMMENTS: No comments were received.

### Title 5—DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION **Division 20—Division of Learning Services**

Chapter 400—Office of Educator Quality

### ORDER OF RULEMAKING

By the authority vested in the State Board of Education under sections 161.092, 168.021, 168.071, 168.081, and 168.400, RSMo Supp. 2011, and sections 168.011, 168.128, 168.405, and 168.409, RSMo 2000, the board amends a rule as follows:

> 5 CSR 20-400.260 Certificate of License to Teach Classifications is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the Missouri Register on April 2, 2012 (37 MoReg 512). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the Code of State Regulations.

SUMMARY OF COMMENTS: No comments were received.

### Title 5—DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION **Division 20—Division of Learning Services** Chapter 400—Office of Educator Quality

### ORDER OF RULEMAKING

By the authority vested in the State Board of Education under sections 161.092, 168.021, 168.071, 168.081, and 168.400, RSMo Supp. 2011, and sections 168.011, 168.405, and 168.409, RSMo 2000, the board amends a rule as follows:

5 CSR 20-400.280 Required Assessments for Professional Education Certification in Missouri is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the Missouri Register on April 2, 2012 (37 MoReg 512-513). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the Code of State Regulations.

SUMMARY OF COMMENTS: No comments were received.

### Title 13—DEPARTMENT OF SOCIAL SERVICES **Division 40—Family Support Division Chapter 2—Income Maintenance**

### ORDER OF RULEMAKING

By the authority vested in the Department of Social Services, Family Support Division, under sections 207.020 and 660.017, RSMo 2000, and section 208.040.5., RSMo Supp. 2011, the Family Support Division adopts a rule as follows:

13 CSR 40-2.395 is adopted.

A notice of proposed rulemaking containing the text of the proposed rule was published in the *Missouri Register* on April 2, 2012 (37 MoReg 517). Those sections with changes are reprinted here. This proposed rule becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: The Family Support Division (FSD) received thirteen (13) letters commenting on the proposed rule. Eight (8) of the letters were identical with the exception of the signatory. A number of comments were similar in nature. Therefore, due to the similarity in both the language and general subject of these comments, they have been grouped together.

COMMENT #1: Thirteen (13) comments to the proposed rule asserted similar comments regarding the complexity of the proposed rule. The concern was that the proposed rule will make it harder for Medicaid participants to meet their spend down obligations and, as a result, are presently and will in the future, suffer restricted access to critical health care services, transportation, and personal care services. The restrictions will result in detrimental effects upon the health of individuals enrolled in the Medicaid program. Kidney patients were singled out as having the most significant difficulties meeting their spend downs under the proposed rule. Other negative effects asserted by the commenters are summarized as follows:

- Individuals are, and will be, institutionalized unnecessarily into nursing homes or hospitals.
  - Individuals will, and are having, longer hospital stays.
- Individuals will, and are having, difficulty obtaining needed prescription drugs not covered by Medicare.
- End stage renal patients have missed dialysis treatments due to loss of Medicaid-covered transportation.
- Individuals will, and are unable to obtain, medically necessary transportation.
- Individuals will, and are unable to obtain, home health and personal care services.
- Individuals will have higher rates of re-admissions into hospitals and institutions.
- Individuals will encounter barriers to access to personal attendants to allow them to live independently.
- Individuals will be restricted from timely access to necessary and lifesaving medical services resulting in adverse effects upon their health including loss of transplant grafts.

RESPONSE AND EXPLANATION OF CHANGE: FSD finds these comments raise two (2) separate issues. First, the comments raise the issue of access to services that all eligible individuals are entitled to under MO HealthNet (Medicaid). This proposed rule does not affect how services are rendered to those who are eligible MO HealthNet participants. No changes have been made to the available MO HealthNet services or access to those services.

Second, the comments raise the issue of how a person becomes eligible for MO HealthNet by spending down income. Missouri has elected to participate in Medicaid, and as such, must comply with federal Medicaid law. Medicaid is a poverty program limited to individuals with low income. Therefore, only individuals with certain income levels are eligible. Spend down is a mechanism to allow those individuals who would qualify, if not for their income level, to become eligible by reducing their income below the imposed income limits. This proposed rule only governs how individuals who are otherwise eligible can obtain payment for MO HealthNet services by spending down their income, which exceeds income limits. As mandated by federal law, MO HealthNet cannot pay claims until a participant has met spend down. FSD is required to follow federal law regarding spend down as codified in 42 CFR 435.121(f)(1)(iii) and is therefore limited by the scope of federal law regarding how spend down participants can be treated. The proposed rule sets forth the methods by which an individual can spend down his or her income so that MO HealthNet can pay for services to them.

One method is through the use of incurred expenses as provided for in 42 CFR 435.121(f)(1)(iii). Another method is to allow an individual to pay-in the amount of the spend down. FSD is committed to working with individuals to assist them in meeting their spend down by continuing to consider alternative methods that will allow as many individuals to meet their spend down as possible as long as these methods are in full compliance with applicable federal law and Centers for Medicare and Medicaid Services (CMS) guidance.

In response to this comment, FSD will modify the proposed rule to allow individuals to use both incurred expenses and the pay-in method to meet their spend down in the current month. Individuals, using both methods together, should be better able to meet the monthly spend down. FSD will also modify the proposed rule to allow balances due from prior bills incurred within three (3) months prior to the month for which MO HealthNet coverage is requested and bills are submitted to FSD for those eligible for the MO HealthNet Aged, Blind and Disabled spend down program. Incurred medical expenses can be applied to future months limited to a maximum of three (3) months from the current month in which MO HealthNet coverage is requested when the bills were incurred while the participant was eligible for MO HealthNet spend down. The bills to be used for future months must not have been paid and will not be paid by MO HealthNet. The bills must be currently owed by the participant and not previously applied in any month to meet spend down including the use of out-of-pocket expenses. The bills to be used for future months must have been incurred no earlier than three (3) months prior to the current month. FSD believes these additional alternative methods will mitigate the potential adverse effects suggested by the comments and thus changes have been made to section (4) of the rule to reflect these considerations.

COMMENT #2: Ten (10) commenters expressed concern that the structure of the incurred cost method creates major concerns about inefficiency and accuracy. Concern was expressed that the task was so time consuming that FSD staff will not be able to input all the incurred bills on the first day of the month, so individuals will not have active MO HealthNet coverage in the beginning of the month when services such as transportation and personal care are needed. This can put individuals at great risk.

RESPONSE: FSD finds this comment is not specifically directed at the proposed rule, but is a comment directed at FSD internal processing procedures. Comments about FSD internal procedures are outside the scope of the proposed rule and further comment is not required. However, FSD staff has been trained on the new requirements contained within the proposed rule. No changes have been made to the rule as a result of this comment.

COMMENT #3: Eleven (11) commenters expressed similar concerns regarding the use of estimation of incurred expenses when the liability amount for the third party cannot be determined. Commenters were concerned the proposed rule would allow, or even require, FSD caseworkers to attempt to "estimate the amount of the individual's incurred cost" when the third-party liability cannot be determined. Commenters also noted that "estimation" is a departure from long standing state policy (dating back to at least 1985). Previous FSD policy prohibited estimation of amounts to be "paid by claimant's insurance from the amount of an incurred expense." Commenters were concerned that since this practice had not been allowed in the past, this could cause confusion among FSD staff. Some commenters felt FSD staff needed to be instructed on how to properly make these estimates.

RESPONSE: Federal law does not bar states from utilizing appropriate procedures to estimate the extent of the payments by a third party on behalf of a participant. Where appropriate, estimation is a reasonable measure to determine legal liability of third parties so that payment of services to eligible participants is not delayed. FSD finds that extrapolating the amount of third-party liability derived from fact-based evidence of past prior billing practices is allowed by federal law

and will result in more individuals being able to meet their spend down without further delay in payment for services to eligible individuals. Estimation is not required in every case as one (1) commenter claimed. The portions of this comment that are directed at FSD staff confusion are a comment on FSD training that is outside the scope of the proposed rule and further comment is not required. No changes have been made to the rule as a result of this comment.

COMMENT #4: One (1) commenter asserted that estimation is unnecessary because there is no need to impose such a new requirement. Federal law does not require state agencies to "estimate" potential third-party coverage at the time the agency is determining whether a beneficiary has met his or her spend down and the amount that the third party will eventually pay is unknown. The commenter asserted that the previous FSD policy against estimation was supported by the Center for Medicaid Services' (CMS) State Medicaid Manual, which instructs agencies to—

Take reasonable measures to determine the legal liability of their parties to pay for incurred expenses. However, do not forestall an eligibility determination simply because third party liability cannot be ascertained or payment by third party has been received.

The rule should therefore be modified to include the prior provision that precludes estimating unknown payments by third parties such as Medicare.

RESPONSE: FSD finds that estimation is not barred by federal law or the CMS State Medicaid Manual as cited above. FSD finds that, where appropriate, estimation is a reasonable measure to determine legal liability of third parties so payment of services is not delayed. Further, the commenter did not accurately quote the CMS State Medicaid Manual. An accurate quote from the manual, with the differences set out in bold, is as follows:

Take reasonable measures to determine the legal liability of third parties to pay for incurred expenses. However, do not forestall an eligibility determination simply because third party liability cannot be ascertained or payment by the third party has not been received. 42 C.F.R. §435.911 prescribes a time period for reaching decision on Medicaid eligibility, i.e. 90 days for applicants who apply on the basis of disability and 45 days for all others. It establishes a time limit for receipt of third party payment or verification of third party intent to pay in order to determine deductible expenses under spend down. Efforts to determine the liability of a third party must continue through the last day of this period.

The CMS State Medicaid Manual directs states to take "reasonable" measures to determine the legal obligation of a third party to pay for an individual's incurred medical expenses, but not to cause a delay in the processing of an eligibility determination. FSD does not find the CMS State Medicaid Manual supports past FSD practice barring estimation as claimed by the commenter nor does it bar FSD from estimating. FSD finds that extrapolating the amount of third-party liability derived from fact-based evidence of past prior billing practices is appropriate and will result in more individuals being able to meet their spend down without delay in payment of an eligible individual's services. No changes have been made to the rule as a result of this comment.

COMMENT #5: One (1) commenter also expressed concern that attempting to estimate what portion of a bill Medicare is potentially liable for is a complex and uncertain process that often varies by individual and type of service. The commenter believed that Medicaid beneficiaries would be overburdened by requiring them to ascertain potential third-party liability when they do not know the extent of such liability in determining whether spend down has been met or when they cannot determine such liability in a timely manner.

Further, the commenter asserted that FSD caseworkers are likely to be confused and misapply the new policy resulting in inaccurate spend down calculations that may ultimately inappropriately deny Medicaid coverage for many beneficiaries. The commenter also claimed that substantial confusion and misapplication of the new policy has already occurred resulting in the need for corrective memoranda from FSD in the areas of mental health services and home and community-based services. The commenter further stated that FSD should not be requiring overburdened FSD caseworkers to guess at a whole range of healthcare expenses for which third-party payment cannot easily be predicted or immediately ascertained. This will result in unnecessary delays and denial of medically necessary and life-saving medical treatment.

RESPONSE AND EXPLANATION OF CHANGE: FSD finds that, while implementation of the proposed rule will be difficult, this does not alter the fact that FSD is required by law to comply with the federal law governing spend down. FSD has determined that it had not been consistently applying its policies and procedures to implement the spend down requirement. This regulation will clarify the procedures that are necessary for the state to comply with federal spend down requirements.

Medicaid beneficiaries have been provided with several options for providing documentation of verification of incurred expenses in the proposed rule—see subparagraphs (4)(A)3.A. and (4)(A)3.B. An alternative to the billing statement or invoice in subparagraph (4)(A)3.A. is the FSD Provider form in subparagraph (4)(A)3.B. If third-party liability cannot be identified, there are other alternative approaches to satisfy documentation requirements such as the pay-in method described in subsection (4)(B). However, due in part to these comments, FSD will revise the proposed rule to allow additional methods to be used to grant individuals greater flexibility to meet spend down. These changes have been specifically outlined in our response to Comment #1 above and in our response to Comment #7 below. FSD believes these additional alternative methods will mitigate potential adverse effects as suggested by the comments.

The remaining portion of this comment is directed at FSD training, staffing, and issues that occurred prior to the publication of this proposed rule and therefore are outside the scope of the proposed rule and further comment is not required.

COMMENT #6: Thirteen (13) commenters expressed concern that the proposed rule subparagraph (4)(A)2.A. requiring individuals to obtain invoices, billing statements, or receipts may be difficult to do especially for personal care services and transportation. Concern was expressed that subparagraph (4)(A)2.A. imposes cumbersome documentation requirements on the individuals and caseworkers, requiring them to obtain invoices or billing statements that simply may not be available to them. (The proposed rule has been revised which has changed the paragraph numbering of the rule. The comments contained in Comment #6 are directed at what is now known as subparagraph (4)(A)3.A.)

One (1) comment expanded further on this topic claiming that this section would also require participants to produce billing statements that have very specific information about the portion of the bill that is "patient's responsibility to pay." However, the information required by the proposed rule will often not be included on bills from hospitals and other health care providers. The commenter asserted that it may take sixty (60) to ninety (90) days or more to know what Medicare or other third-party providers will actually pay. The commenter continued on to state that subparagraph (4)(A)4.A. is unworkable because each private insurance policy "varies, and often the coverage and payment amounts change. This could result in increased workloads for eligibility specialists because they not only would have to collect information regarding the policy coverage limits, but would also have to update these coverage limits whenever they change in order to ensure accurate application of spend down amounts." Additionally, the commenter asserted that such information may not be available in a timely manner, thereby delaying FSD determinations

of spend down eligibility. Therefore, this requirement is unfair, burdensome, and unreasonable and will unnecessarily deny access to necessary health care. (The proposed rule has been revised which has changed the paragraph numbering of the rule. The comments contained in this paragraph of Comment #6 are directed at what is now known as subparagraph (4)(A)5.A.)

RESPONSE AND EXPLANATION OF CHANGE: FSD finds that, while implementation of the proposed rule may be difficult in some cases, this does not alter the fact that FSD must comply with federal law when implementing the spend down program. This regulation will clarify the appropriate procedures for implementing the federal spend down requirement. Subparagraph (4)(A)3.A. provides documentation requirements for a billing statement or invoice based on the necessity to determine the amount of an incurred expense not subject to payment by a third party as set forth in 42 CFR 435.121(f)(1)(iii). Verification of incurred medical expenses is required by federal and state regulation 42 CFR 435.121(f)(1)(iii) and section 208.070, RSMo. Some health care providers have informed FSD that they are able to adjust their bills and invoices to satisfy the requirements of the proposed regulation.

There are several options for providing documentation of verification of incurred expenses in the proposed rule. For example, see subparagraphs (4)(A)3.A. and (4)(A)3.B. An alternative to the billing statement or invoice in subparagraph (4)(A)3.A. is the FSD Provider form in subparagraph (4)(A)3.B. If third-party liability cannot be identified, there are other alternative approaches to satisfy documentation requirements such as the pay-in method described in subsection (4)(B). However, due in part to these comments, FSD will revise the proposed rule in section (4) to allow additional methods to be used to grant individuals greater flexibility to meet spend down. These changes have been specifically outlined in our response to Comment #1 above and in our response to Comment #7 below. FSD believes these additional alternative methods will mitigate the potential adverse effects suggested by the comments. The remaining portion of this comment is directed again at FSD training and staffing issues. FSD finds the remaining portion of this comment outside the scope of the proposed rule and further comment is not required.

COMMENT #7: Thirteen (13) commenters expressed concern that the proposed rule states in subparagraph (4)(A)2.B. that a provider and individual are required to fill out a FSD Provider form. This additional paperwork will likely cause undue delay and complication because the form requires the same information required in subparagraph (4)(A)2.A. This information simply may not be available in a timely manner to enable providers to determine the portion of the bill that will be paid by third parties needlessly delaying FSD determinations of whether spend down has been met and thereby delaying and denying access to health care. (The proposed rule has been revised which has changed the paragraph numbering of the rule. The comments contained in Comment #7 are directed at what is now known as subparagraph (4)(A)3.A. and subparagraph (4)(A)3.B.)

RESPONSE AND EXPLANATION OF CHANGE: The FSD Provider form in subparagraph (4)(A)3.B. is only one available option for providing documentation of incurred medical expenses. The FSD Provider form does not have to be used. The intent of the FSD Provider form is to give an alternative method to assist both the participant and provider. The individual may also provide a billing statement or invoice as set forth in subparagraph (4)(A)3.A. or, if third party cannot be identified, there are alternative methods for documentation to satisfy documentation requirements. FSD believes the availability of the Provider form in some cases will expedite and simplify the determination of the date an individual has met his or her spend down liability. However, in light of this comment, FSD has deleted the requirement in subparagraph (4)(A)3.B. that the individual has to complete and sign the Provider form. The Provider form only has to be completed by the provider as a result of the revision. FSD has also added language to the proposed rule to clarify that subparagraph (4)(A)3.A. and subparagraph (4)(A)3.B. are alternative methods of meeting spend down.

COMMENT #8: One (1) commenter expressed concern that the proposed rule violates federal "maintenance of effort" provisions under the Affordable Care Act. These requirements prohibit Missouri from enacting any "eligibility standards, methodologies, or procedures under the State plan under this title or under any waiver of such plan that is in effect during that period, that are more restrictive than the eligibility standards, methodologies, or procedures, respectively, under the plan or waiver that are in effect on the date of enactment" of the Affordable Care Act. The commenter asserts that, because FSD is proposing a spend down methodology and procedure that is more restrictive than the methodologies and procedures in effect as of March 23, 2010, the proposed rule violates federal law.

RESPONSE: FSD disagrees with the commenter that the methodology set forth in the regulations violates the federal "maintenance of effort" provisions of the Affordable Care Act. The proposed rule does not make the MO HealthNet program eligibility standards, methodologies, and procedures more restrictive than the federal Medicaid statutes and regulations that existed on March 23, 2010. CMS has stated that changes in eligibility policies or practices that are required to comply with federal statutes or regulations are not considered to be more restrictive eligibility changes and are not a violation of "maintenance of effort" (MOE) provisions. CMS has stated, "it is not plausible to require States to choose between the increased FMAP and potential disallowances for expenditures that were inconsistent with applicable Medicaid authorities." State Medicaid Director (SMD) letter August 19, 2009. Sections 1902(a)(74) and 1902(gg) of the Social Security Act, as added by section 2001(b) of the Affordable Care Act, contain the Medicaid MOE provisions. States must maintain Medicaid "eligibility standards, methodologies, and procedures" that are no more restrictive than those in effect on March 23, 2010. The proposed rule does not make the MO HealthNet program more restrictive than the federal Medicaid statutes and regulations. Instead, the purpose of the proposed rule is to bring the MO HealthNet program into consistent application with the existing applicable federal Medicaid eligibility standards, methodologies, and procedures. CMS has confirmed that the existing MO HealthNet practice regarding spend down determination was not consistent with applicable federal Medicaid statutes and regulations and thus the change in practice as set forth in the proposed rule is necessary. No changes have been made to the rule as a result of this comment.

COMMENT #9: One (1) commenter expressed concern that the proposed rule will result in violations of the Americans with Disabilities Act and the United States Supreme Court's decision in *Olmstead* because the proposed rule will lead to unnecessary institutionalizations. The commenter asserted that when FSD enacted this policy change last fall, unnecessary hospitalizations and institutionalizations occurred as a result of the policy change. The commenter further stated that the proposed rule will adversely impact spend down beneficiaries and be more costly for the state due to increased hospitalizations and institutionalizations.

RESPONSE: FSD held several public meetings to discuss spend down policy and to solicit information, advice, and suggestions from the public and interested stakeholders. The commenter raised these concerns at these meetings. FSD took these comments into consideration. FSD concludes the proposed rule does not violate the Americans with Disabilities Act or the holding in *Olmstead v. L.C.*, 527 U.S. 581, 119 S.Ct. 2176 (1999). No changes have been made to the rule as a result of this comment.

COMMENT #10: One (1) commenter referenced a letter to the state from CMS, dated January 31, 2012, requesting the delay in implementing 42 CFR 435.121(f)(1)(iii) continue until CMS has had sufficient time to review and approve a comprehensive correction action plan that assures—

- to the extent possible the health and welfare of those who may lose eligibility due to this change;
  - that revised instructions fully comply with federal regulations;
- that workers across the state have been adequately trained to carry out procedures which have been determined to be adequate;
   and
- all current recipients have been informed of the methodology to be used and their options for meeting spend down.

The commenter asserted the proposed rule does not comply with any of the requirements of the CMS letter. Thus, the regulation should be amended to ensure that each of the CMS conditions is met.

RESPONSE: FSD acknowledges receipt of the January 31 CMS letter. This letter was directed to Interim Department Director Brian Kinkade from James Scott, Associate Regional Administrator for Medicaid and Children's Health Operations, Centers for Medicare and Medicaid Services. This letter was copied to Legal Aid for Eastern Missouri, but not released to other parties. The subject of the letter related to the pause implemented by the department and not the proposed rule. FSD believes this CMS letter is beyond the scope of this rule and further comment is not required. However, FSD has satisfactorily addressed the concerns raised by the CMS letter. No changes have been made to the rule as a result of this comment.

COMMENT #11: One (1) commenter was concerned about dialysis patients who will be unable to get to dialysis regularly without the transportation assistance available to them if they lose their Medicaid eligibility due to the new process. The commenter requested that those who currently have Medicaid due to spend down be allowed to remain in the current system of spend down eligibility and that the proposed rule be implemented only for new applicants to Medicaid after a specific date.

RESPONSE: MO HealthNet will not be able to pay for services until spend down is met for those individuals who must pay down their income to qualify for MO HealthNet coverage. The commenter's request that those who currently have Medicaid due to spend down be allowed to remain in the current system of spend down eligibility and that the proposed rule be implemented only for new applicants to Medicaid after a specific date violates federal law. FSD must insure that there is a uniform standard for all Medicaid participants. No changes have been made to the rule as a result of this comment.

COMMENT #12: One (1) commenter expressed concern that part (4)(A)5.B.(II) of the proposed rule instructs caseworkers to estimate only twenty percent (20%) of the allowable Medicare reimbursement once the deductible has been met, even if there is no proof that Medicare will pay anything for the service. FSD should not "estimate" that Medicare would pay something that it ultimately may never pay, thereby delaying and denying access to medically necessary health treatment.

RESPONSE: MO HealthNet cannot pay claims until a participant has met spend down. 42 CFR 435.121(f)(1)(iii). The option proposed by FSD in part (4)(A)5.B.(II) allows FSD to make a reasonable estimation of the amount to be paid by Medicare when the amount cannot otherwise be ascertained. FSD will extrapolate the amount of third-party liability derived from fact-based evidence of past Medicare billings. FSD believes use of the authority given it in part (4)(A)5.B.(II) will act to prevent any delay in payment of services and access to medically necessary health treatments. No changes have been made to the rule as a result of this comment.

COMMENT #13: One (1) commenter expressed concern that the proposed rule is unnecessarily complex and will create an administrative burden on FSD. The commenter asserted that FSD staff are not adequately trained in the complexities of Medicare rules and coverage, nor are FSD staff trained on the intricacies of health insurance to properly make estimates as proposed by the rule. The commenter urged FSD to train all caseworkers, supervisors, and providers on Medicare reimbursement policies so that workers can make judg-

ments about what Medicare will pay for and what it will not. The commenter claimed current FSD training was inadequate and FSD training does not account for differences in Medicare and Medicaid

RESPONSE: FSD does not believe the rule will result in unnecessarily complex processes or an administrative burden. The remaining portion of this comment is directed at FSD training and staffing issues. FSD finds the remaining portion of this comment outside the scope of the proposed rule and further comment is not required. No changes have been made to the rule as a result of this comment.

COMMENT #14: One (1) commenter expressed concern that because entries cannot be made for past expenses until the first of the month, there will be a lag time between when the entries are made and when Medicaid eligibility is determined. This will cause some disruption in transportation availability.

RESPONSE: The comment is directed at FSD training and staffing issues and therefore, FSD finds that this comment is outside the scope of the proposed rule and further comment is not required. No changes have been made to the rule as a result of this comment.

COMMENT #15: One (1) commenter noted that in the world of renal dialysis, we find a strong correlation between better outcomes and patients who are independent and more involved in their care; conversely, patients who view financial and regulatory systems as hopelessly complex tend to minimize their own involvement in their care and suffer decidedly poorer outcomes and consume meaningfully more resources.

RESPONSE: FSD is required to comply with the requirements of federal law. No changes have been made to the rule as a result of this comment.

COMMENT #16: One (1) commenter expressed questions regarding the prospective proposal raised in stakeholder meetings.

RESPONSE: The prospective proposal is no longer being considered and is not included in the proposed rule. No changes have been made to the rule as a result of this comment.

COMMENT #17: One (1) commenter expressed a positive response to the concept of allowing any additional credit to roll over to future months to help with spend down for the next month.

RESPONSE AND EXPLANATION OF CHANGE: FSD agrees with this comment and will revise the proposed rule to allow this option. These changes have been specifically outlined in Response and Explanation of Change to Comment #1.

COMMENT #18: Eleven (11) commenters were satisfied with subsection (4)(B) of the proposed rule that allows other qualified sources to pay an individual's spend down, but would appreciate clarification on which state-funded programs would qualify.

RESPONSE: 42 CFR 435.121(f)(1)(iii) allows expenses incurred by the individual or financially responsible relatives for necessary medical and remedial services that are recognized under state law and are not subject to payment by a third party, unless the third party is a public program of a state or political subdivision of a state. Public programs of the state that would qualify include programs that use solely state funds to pay the costs of the medical expenses. No changes have been made to the rule as a result of this comment.

COMMENT #19: Two (2) commenters reacted positively to estimation of charges of recurring incurred bills.

RESPONSE: FSD acknowledges this comment and appreciates the support expressed. No changes have been made to the rule as a result of this comment.

COMMENT #20: One (1) commenter wants to review the FSD Provider form to see if that form allows quicker processing.

RESPONSE: The form will be provided. No changes have been made to the rule as a result of this comment.

COMMENT #21: One (1) commenter asked that sufficient time be allowed so FSD staff, providers, and individuals all have a clear understanding of the new rule so no individuals are put at risk of losing vital services.

RESPONSE: FSD finds this comment is not directed at the proposed rule, but is a request for the pause to be extended to allow more time for individuals to adjust to the proposed rule. A discussion of the further extension of the pause is outside the scope of this proposed rule. No changes have been made to the rule as a result of this comment.

### 13 CSR 40-2.395 Spend Down Program

- (4) Spend down may be met in one (1) of the following ways:
- (A) Incurred Costs Method. Spend down participants using this method must provide documentation of medical expenses they have incurred.
- 1. Incurred medical expenses that can be applied to spend down must be either—
- A. Incurred within the month MO HealthNet coverage is requested and bills are submitted to the Family Support Division; or
- B. Incurred within the three (3) months prior to the month for which MO HealthNet coverage is requested and bills are submitted to the Family Support Division for those eligible for MO HealthNet Aged, Blind and Disabled spend down program.
- C. Incurred medical expenses can be applied to future months limited to a maximum of three (3) months from the current month in which MO HealthNet coverage is requested when—
- (I) The bills were incurred while the participant was eligible for MO HealthNet spend down;
- (II) The bills were not paid and will not be paid by MO HealthNet;
  - (III) The bills are currently owed by the participant;
- (IV) The bills were not previously applied in any month to meet spend down, including use of out-of-pocket expenses; and
- (V) The bills were incurred no earlier than three (3) months prior to the current month.
- D. Allowable medical expenses include those specified in section 208.152, RSMo.
- E. Proof of incurred costs does not require proof of payment of the incurred costs.
- 2. In order for an individual to claim that an incurred medical expense should be credited to the individual's spend down obligation, the individual shall provide documentation of the incurred medical expense within one (1) year of the date of the medical service.
- 3. No credit for incurred medical expenses shall be given without documentation that the individual has incurred, and is legally obligated to pay, the expense and has not previously used the expense for spend down. Documentation of an incurred medical expense shall be submitted in either one of the following methods:
- A. An invoice, billing statement, or receipt from the provider that contains the following information:
  - (I) Name of patient;
  - (II) Date of service;
- (III) Type of service provided and/or description of the service:
- (IV) Identification of the portion of the total charges that are billed to a third party and the portion of the total charges that are patient's responsibility to pay; and
- (V) To document incurred costs of mileage of medically necessary, nonemergency transportation, the individual shall certify the miles traveled and the purpose. Travel expenses required to obtain a medical item or service shall be determined at the State Employee Reimbursement rates established by the state of Missouri Office of Administration pursuant to 1 CSR 10-11.010 and 1 CSR 10-11.030 as of the date of travel; or

- B. A Family Support Division Provider form signed and completed by the provider containing the information set out in subparagraph (4)(A)3.A. of this regulation.
- 4. The provider shall, upon request, provide any additional information required by the Family Support Division to establish that the individual has incurred the medical expense.
- 5. When it is known that the individual has coverage by a third party and the portion subject to payment by the third party cannot be identified, the Family Support Division shall—
- A. For individuals with private health insurance or coverage by another health care payer, estimate the amount of the individual's incurred cost based upon the provisions of coverage; and
- B. For individuals with Medicare Part A and/or B coverage and who do not have Qualified Medicare Beneficiary coverage, estimate the amount of the individual's incurred medical cost to be—
- (I) One hundred percent (100%) of the Medicare reimbursement rate up to the individual's Medicare deductible if the deductible has not been met; and thereafter
- (II) Twenty percent (20%) of the Medicare allowable reimbursement once the deductible has been met.
- 6. Individuals receiving Qualified Medicare Beneficiary coverage cannot use incurred medical expenses covered by Medicare towards meeting spend down.
- 7. If a provider provides a direct medical service based on an "ability-to-pay" or "sliding" fee scale, only the amount the individual is legally obligated to pay the provider is an incurred medical expense.
- (B) Pay-in Method. An individual may pay their spend down amount to the state. The monthly spend down requirement may be paid by the individual, their spouse, a financially responsible relative, or a public program of a state or political subdivision of a state.
- (C) Combination Method. An individual may use a combination of the incurred costs method and the pay-in methods to satisfy the monthly spend down amount to the state.

### Title 13—DEPARTMENT OF SOCIAL SERVICES Division 70—MO HealthNet Division Chapter 15—Hospital Program

### ORDER OF RULEMAKING

By the authority vested in the MO HealthNet Division under sections 208.152, 208.153, and 208.201, RSMo Supp. 2011, and section 208.158, RSMo 2000, the division amends a rule as follows:

### 13 CSR 70-15.220 Disproportionate Share Hospital Payments is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on May 1, 2012 (37 MoReg 681–684). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: The Missouri Department of Social Services, MO HealthNet Division received no comments on the proposed amendment.

### Title 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES

Division 20—Division of Environmental Health and Communicable Disease Prevention Chapter 26—Sexually Transmitted Diseases

#### ORDER OF RULEMAKING

By the authority vested in the Director of the Department of Health and Senior Services under sections 191.653 and 191.006, RSMo 2000, and sections 191.656 and 192.020, RSMo Supp. 2011, the department rescinds a rule as follows:

**19 CSR 20-26.030** Human Immunodeficiency Virus (HIV) Test Consultation and Reporting **is rescinded**.

A notice of proposed rulemaking containing the proposed rescission was published in the *Missouri Register* on April 2, 2012 (37 MoReg 519). No changes have been made in the proposed rescission, so it is not reprinted here. This proposed rescission becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

### Title 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES

Division 20—Division of Community and Public Health Chapter 26—Sexually Transmitted Diseases

### ORDER OF RULEMAKING

By the authority vested in the Missouri Department of Health and Senior Services under sections 191.653 and 192.006, RSMo 2000, and sections 191.656 and 192.020, RSMo Supp. 2011, the department amends a rule as follows:

**19 CSR 20-26.040** Physician Human Immunodeficiency Virus (HIV) Test Consultation and Reporting **is amended**.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on April 2, 2012 (37 MoReg 519–523). No changes have been made to the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: The Department of Health and Senior Services received one (1) letter with one (1) comment.

COMMENT #1: Thomas L. Holloway, Executive Vice President of the Missouri State Medical Association, commented that the Missouri State Medical Association supports the amendment as it will make state regulations more consistent with the Centers for Disease Control (CDC) Guidelines, allowing the scope of consultation to be governed by the physician's professional judgment based on the clinical situation. That welcome change will remove widely understood barriers to HIV testing and will free physicians from considerable uncertainty regarding their consent and consultation obligations.

RESPONSE: The department agrees. No changes have been made to the rule as a result of this comment.

This section may contain notice of hearings, correction notices, public information notices, rule action notices, statements of actual costs, and other items required to be published in the *Missouri Register* by law.

## Title 7—DEPARTMENT OF TRANSPORTATION Division 10—Missouri Highways and Transportation Commission Chapter 25—Motor Carrier Operations

### IN ADDITION

7 CSR 10-25.010 Skill Performance Evaluation Certificates for Commercial Drivers

### PUBLIC NOTICE

Public Notice and Request for Comments on Applications for Issuance of Skill Performance Evaluation Certificates to Intrastate Commercial Drivers with Diabetes Mellitus or Impaired Vision

SUMMARY: This notice publishes MoDOT's receipt of applications for the issuance of Skill Performance Evaluation (SPE) Certificates from individuals who do not meet the physical qualification requirements in the Federal Motor Carrier Safety Regulations for drivers of commercial motor vehicles in Missouri intrastate commerce because of impaired vision or an established medical history or clinical diagnosis of diabetes mellitus currently requiring insulin for control. If granted, the SPE Certificates will authorize these individuals to qualify as drivers of commercial motor vehicles (CMVs), in intrastate commerce only, without meeting the vision standard prescribed in 49 CFR 391.41(b)(10), if applicable, or the diabetes standard prescribed in 49 CFR 391.41(b)(3).

**DATES:** Comments must be received at the address stated below, on or before September 15, 2012.

**ADDRESSES:** You may submit comments concerning an applicant, identified by the Application Number stated below, by any of the following methods:

- Email: jeffrey.payne@modot.mo.gov
- Mail: PO Box 893, Jefferson City, MO 65102-0893
- Hand Delivery: 1320 Creek Trail Drive, Jefferson City, MO 65109
- Instructions: All comments submitted must include the agency name and Application Number for this public notice. For detailed instructions on submitting comments, see the Public Participation heading of the Supplementary Information section of this notice. All comments received will be open and available for public inspection and MoDOT may publish those comments by any available means.

### COMMENTS RECEIVED BECOME MoDOT PUBLIC RECORD

- By submitting any comments to MoDOT, the person authorizes MoDOT to publish those comments by any available means.
- *Docket:* For access to the department's file, to read background documents or comments received, 1320 Creek Trail Drive, Jefferson City, MO 65109, between 7:30 a.m. and 4:00 p.m., CT, Monday through Friday, except state holidays.

**FOR FURTHER INFORMATION CONTACT:** Mr. Jeff Payne, Motor Carrier Specialist, (573) 751-7114, MoDOT Motor Carrier Services Division, PO Box 893, Jefferson City, MO 65102-0893. Office hours are from 7:30 a.m. to 4:00 p.m., CT, Monday through Friday, except state holidays.

### SUPPLEMENTARY INFORMATION:

### **Public Participation**

If you want us to notify you that we received your comments, please include a self-addressed, stamped envelope or postcard.

### Background

The individuals listed in this notice have recently filed applications requesting MoDOT to issue SPE Certificates to exempt them from the physical qualification requirements relating to vision in 49 CFR 391.41(b)(10) or to diabetes in 49 CFR 391.41(b)(3), which otherwise apply to drivers of CMVs in Missouri intrastate commerce.

Under section 622.555, RSMo Supp. 2011, MoDOT may issue a SPE Certificate, for not more than a two- (2-) year period, if it finds that the applicant has the ability, while operating CMVs, to maintain a level of safety that is equivalent to or greater than the driver qualification standards of 49 CFR 391.41. Upon application, MoDOT may renew an exemption upon expiration.

Accordingly, the agency will evaluate the qualifications of each applicant to determine whether issuing a SPE Certificate will comply with the statutory requirements and will achieve the required level of safety. If granted, the SPE Certificate is only applicable to intrastate transportation wholly within Missouri.

### **Qualifications of Applicants**

### Application #6062

Renewal Applicant's Name & Age: Marty Keith Campbell, 39

Relevant Physical Condition: Vision Impairment.

Mr. Campbell has a corrected visual acuity of 20/20 Snellen in his left eye and is considered blind in his right eye with a faint light perception. This visual impairment has been present since birth.

Relevant Driving Experience: Mr. Campbell has been employed as a commercial vehicle driver since December 2004, and has been with his current employer since August 2006. In addition, he has experience driving personal vehicle(s) daily.

Doctor's Opinion & Date: Following an examination in June 2012, a board-certified optometrist certified his condition would not adversely affect his ability to operate a commercial vehicle safely.

Traffic Accidents and Violations: No recorded accidents or violations within the previous three (3) years.

### Application #6091

Renewal Applicant's Name & Age: Mohamed Hussein Issak, 23

Relevant Physical Condition: Vision Impairment.

Mr. Issak has a corrected visual acuity of 20/20 Snellen in his right eye and best corrected 20/50+ Snellen in his left eye. Visual impairment is due to cataract growth in left eye.

Relevant Driving Experience: Mr. Issak is a Kansas-based driver, who has been driving commercial vehicles for three (3) years and is currently employed as a shuttle-bus driver. In addition, he has experience driving personal vehicle(s) daily.

Doctor's Opinion & Date: Following an examination in June 2012, a board-certified ophthalmologist certified his condition would not adversely affect his ability to operate a commercial vehicle safely.

Traffic Accidents and Violations: No recorded accidents or violations within the previous three (3) years.

### Application #5923

Applicant's Name & Age: Raul Morales Villafane, 57

Relevant Physical Condition: Vision Impairment.

Mr. Villafane has a corrected visual acuity of 20/25 Snellen in his left eye and 20/200 Snellen in his right eye. Mr. Villafane has had chorioretinal pigmented area next to macula since early childhood.

Relevant Driving Experience: Mr. Villafane has been driving a dump truck for the past two (2) years and has experience driving personal vehicle(s) daily.

Doctor's Opinion & Date: Following an examination in April 2012, a board-certified medical doctor certified his condition would not adversely affect his ability to operate a commercial vehicle safely.

Traffic Accidents and Violations: No accidents or violations on record for the previous three (3) years.

### Application #6383

Applicant's Name & Age: Larry Myrle Biswell, 55

Relevant Physical Condition: Vision Impairment.

Mr. Biswell has a corrected visual acuity of 20/25 Snellen in his right eye and 20/125 Snellen in his left eye. This visual impairment is a result of congenital strabismic amblyopia.

Relevant Driving Experience: Mr. Biswell has been driving commercial vehicles since prior to 1987. In addition, he has experience driving personal vehicle(s) daily.

Doctor's Opinion & Date: Following an examination in June 2012, a board-certified medical doctor certified his condition would not adversely affect his ability to operate a commercial vehicle safely.

Traffic Accidents and Violations: No accidents or violations on record for the previous three (3) years.

### **Request for Comments**

The Missouri Department of Transportation, Motor Carrier Services Division, pursuant to section 622.555, RSMo, and rule 7 CSR 10-25.010, requests public comment from all interested persons on the applications for issuance of Skill Performance Evaluation Certificates described in this notice. We will consider all comments received before the close of business on the closing date indicated earlier in this notice.

Issued on: August 10, 2012

Jan Skouby, Motor Carrier Services Director, Missouri Department of Transportation.

Title 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES
Division 60—Missouri Health Facilities Review Committee
Chapter 50—Certificate of Need Program

NOTIFICATION OF REVIEW: APPLICATION REVIEW SCHEDULE The Missouri Health Facilities Review Committee has initiated review of the applications listed below. A decision is tentatively scheduled for September 25, 2012. These applications are available for public inspection at the address shown below:

#### **Date Filed**

**Project Number:** Project Name City (County)
Cost, Description

### 07/27/12

**#4784 RT:** Maplebrook Assisted Living Farmington (St. Francois County) \$5,240,194, Replace 46 ALF beds

#### 08/10/12

**#4815 HT:** North Kansas City Hospital North Kansas City (Clay County) \$1,626,115, Replace Robotic Surgery System

Any person wishing to request a public hearing for the purpose of commenting on these applications must submit a written request to this effect, which must be received by September 10, 2012. All written requests and comments should be sent to—

#### Chairman

Missouri Health Facilities Review Committee c/o Certificate of Need Program 3418 Knipp Drive, Suite F PO Box 570 Jefferson City, MO 65102

For additional information contact Karla Houchins, (573) 751-6403.

The following is a list of contractor(s) who have been prosecuted and convicted of violating the Missouri Prevailing Wage Law, and whose Notice of Conviction has been filed with the Secretary of State pursuant to Section 290.330, RSMo. In addition, this list includes contractor(s) that have agreed to placement on the list maintained by the Secretary of State pursuant to Section 290.330 as a part of the resolution of criminal charges of violating the Missouri Prevailing Wage Law. Under this statute, no public body shall award a contract for public works to any contractor or subcontractor, or simulation thereof, during the time that such contractor or subcontractor's name appears on this state debarment list maintained by the Secretary of State.

### Contractors Convicted of Violations of the Missouri Prevailing Wage Law

Name of Contractor	Name of Officers	Address	Date of Conviction	<u>Debarment</u> <u>Period</u>
Rycoblake Corp.		4212 SE Saddlebrook Cir	7/13/11	7/13/11 to 7/13/12
Case No. 0916-CR03145 (Jackson County Cir. Ct.)		Lee's Summit, MO 64082		× ×

### Contractors Agreeing to Placement on the Public Works Debarment List as Part of an Agreement Relating to Criminal Pleas

Name of Contractor	Name of Officers	Address	Date of Conviction	<u>Debarment</u> <u>Period</u>
Rycoblake Corp.		4212 SE Saddlebrook Cir Lee's Summit, MO 64082		7/13/11 to 12/1/12
Gerald Chevalier	ä	4212 SE Saddlebrook Cir Lee's Summit, MO 64082		7/13/11 to 12/1/12
Dated this day of	August 2011.			

Carla Buschjost, Director

MISSOUR

### ADDITION TO STATUTORY LIST OF CONTRACTORS BARRED FROM PUBLIC WORKS PROJECTS

The following is an addition to the list of contractor(s) who have been prosecuted and convicted of violating the Missouri Prevailing Wage Law, and whose Notice of Conviction has been filed with the Secretary of State pursuant to Section 290.330, RSMo. Under this statute, no public body is permitted to award a contract, directly or indirectly, for public works (1) to Mr. Larry G. McElroy, (2) to any other contractor or subcontractor that is owned, operated or controlled by Mr. Larry G. McElroy including Blackhawk or (3) to any other simulation of Mr. Larry G. McElroy or of Blackhawk Electric for a period of one year, or until December 27, 2012.

Name of Contractor	Name of Officers	Address	Date of Conviction	<u>Debarment</u> <u>Period</u>
Larry G. McElroy DBA Blackhawk Electric Case No. 11CG-CR01157 Cape Girardeau County Cir.	Ct.	254 E. Lake Dr., PO Box 248 Cape Girardeau, MO 63701	12/27/2011	12/27/2011-12/27/2012

day of January, 2012.

Carla Buschiost, Director

### ADDITION TO STATUTORY LIST OF CONTRACTORS BARRED FROM PUBLIC WORKS PROJECTS

The following is an addition to the list of contractor(s) who have been prosecuted and convicted of violating the Missouri Prevailing Wage Law, and whose Notice of Conviction has been filed with the Secretary of State pursuant to Section 290.330, RSMo. Under this statute, no public body is permitted to award a contract, directly or indirectly, for public works (1) to Mr. Norman Bass, (2) to any other contractor or subcontractor that is owned, operated or controlled by Mr. Norman Bass including Municipal Construction Incorporated or (3) to any other simulation of Mr. Norman Bass or of Municipal Construction Incorporated for a period of one year, or until February 1, 2013.

Name of Contractor	Name of Officers	Address	Date of Conviction	Debarment Period
Norman Bass DBA Municipal Construction Case No. 12SO-CR00103 Scott County Cir. Ct.	on Incorporated	10150 Hawthorne Ridge Goodrich, MI 48438	2/01/12	2/01/2012-2/01/2013
Dated this 17 day of I	February, 2012.	ant		

The Secretary of State is required by sections 347.141 and 359.481, RSMo 2000, to publish dissolutions of limited liability companies and limited partnerships. The content requirements for the one-time publishing of these notices are prescribed by statute. This listing is published pursuant to these statutes. We request that documents submitted for publication in this section be submitted in camera ready 8 1/2" x 11" manuscript by email to dissolutions@sos.mo.gov.

### NOTICE OF WINDING UP OF LIMITED LIABILITY COMPANY

To: All creditors of and claimants against The Links at Thousand Hills, L.L.C., a Missouri Limited Liability Company.

On June 26, 2012, The Links at Thousand Hills, L.L.C., a Missouri Limited Liability Company, Charter Number LC0526532, filed its notice of winding up with the Missouri Secretary of State.

Said limited liability company requests that all persons and organizations who have claims against it present them immediately by letter to the company at 245 S. Wildwood Drive, Branson, MO 65616.

All claims must include the following information:

- Name and address of the claimant.
- 2. The amount claimed.
- 3. The clear and concise statement of the facts supporting the claim.
- 4. The date the claim was incurred.

NOTICE: Because of the winding up of The Links at Thousand Hills, L.L.C., any claims against it will be barred unless a proceeding to enforce the claim is commenced within three years after the publication of the three notices authorized by statute, whichever is published last.

### NOTICE OF WINDING UP AND DISSOLUTION FOR LIMITED LIABILITY COMPANY

### TO ALL CREDITORS OF AND CLAIMANTS AGAINST EAGLE GOLF, L.L.C.

On July 12, 2012, Eagle Golf, L.L.C., a Missouri limited liability company (hereinafter the "Company") filed its Notice of Winding Up with the Missouri Secretary of State, effective upon filing.

Any claims against the Company must be sent to Paul D. Gerlach, 2861 Hopper Road, Cape Girardeau, MO 63701. Each claim must include the following information: the name, address and phone number of the claimant; the amount claimed; the date on which the claim arose; the basis for the claim; and any documentation for the claim.

All claims against the Company will be barred unless a proceeding to enforce the claim is commenced within three (3) years after the publication of this Notice.

### NOTICE OF WINDING UP AND DISSOLUTION TO ALL CREDITORS OF AND CLAIMANTS AGAINST XBD LIQUIDATION MANAGEMENT CO., LLC

On July 23, 2012, XBD Liquidation Management Co., LLC, a Missouri limited liability company (the "Company"), filed its Notice of Winding Up for Limited Liability Company with the Missouri Secretary of State.

Persons with claims against the Company should present them in accordance with the following procedure:

- A. In order to file a claim with the Company, you must furnish the following: (i) amount of the claim; (ii) basis for the claim; and (iii) documentation of the claim.
- B. The claim must be mailed to:

XBD Liquidation Management Co., LLC 8229 Clayton Road, Suite 202 St. Louis, Missouri 63117

A claim against the Company will be barred unless a proceeding to enforce the claim is commenced within three years after the publication of this notice.

### NOTICE OF WINDING UP FOR LIMITED LIABILITY COMPANY

- The name of the limited liability company is RVT Notes I, LLC
- The Articles of Organization for RVT Notes I, LLC were filed with the Missouri Secretary of State on November 29, 2006.
- On July 24, 2012, RVT Notes I, LLC filed a Notice of Winding Up for Limited Liability Company with the Secretary of State of Missouri.
- Persons with claims against RVT Notes I, LLC should present them in accordance with the following procedure:
  - (a) In order to file a claim with RVT Notes I, LLC, you must furnish the following:
    - (i) Amount of the claim
    - (ii) Basis for the claim
    - (iii)Documentation for the claim
  - (b) The claim must be mailed to:

Robert J. Holcomb 8500 Shawnee Mission Parkway, #200 Merriam, Kansas 66202

 A claim against RVT Notes I, LLC will be barred unless a proceeding to enforce the claim is commenced within three (3) years after publication of this notice.

### NOTICE OF DISSOLUTION TO ALL CREDITORS OF AND CLAIMANTS AGAINST GREATER OZARK OPEN BOWLING TOURNAMENT, INC.

On July 3, 2012, Greater Ozark Open Bowling Tournament, Inc., filed its articles of dissolution with the Missouri Secretary of State. The dissolution was effective on July 3, 2012.

You are hereby notified that if you believe you have a claim against Greater Ozark Open Bowling Tournament, Inc., you must submit a summary in writing of the circumstances surrounding your claim to Greater Ozark Open Bowling Tournament, Inc. c/o Casey D. Chasteen, The Law Offices of Randy L. Smith, L.L.C., 3645 S. Culpepper Circle, Springfield, Missouri 65804. The summary of your claim must include the following information:

- 1. The name, address and telephone number of the claimant.
- 2. The amount of the claim.
- 3. The date on which the event on which the claim is based occurred.
- 4. A brief description of the nature of the debt or the basis for the claim.
- Documentation in support of the claim.

All claims against Greater Ozark Open Bowling Tournament, Inc. will be barred unless the proceeding to enforce the claim is commenced within two years after the publication of this notice.

September 4, 2012 Vol. 37, No. 17

### Rule Changes Since Update to Code of State Regulations

MISSOURI REGISTER

This cumulative table gives you the latest status of rules. It contains citations of rulemakings adopted or proposed after deadline for the monthly Update Service to the *Code of State Regulations*, citations are to volume and page number in the *Missouri Register*, except for material in this issue. The first number in the table cite refers to the volume number or the publication year—30 (2005) and 31 (2006). MoReg refers to *Missouri Register* and the numbers refer to a specific *Register* page, R indicates a rescission, W indicates a withdrawal, S indicates a statement of actual cost, T indicates an order terminating a rule, N.A. indicates not applicable, RAN indicates a rule action notice, RUC indicates a rule under consideration, and F indicates future effective date.

Rule Number	Agency	Emergency	Proposed	Order	In Addition
1 CSR 10	OFFICE OF ADMINISTRATION State Officials' Salary Compensation Schedule	e			35 MoReg 1815
	DEPARTMENT OF AGRICULTURE				
2 CSR 30-2.020	Animal Health		37 MoReg 907		
2 CSR 70-10.025	Plant Industries		37 MoReg 1141		
2 CSR 70-10.075	Plant Industries		37 MoReg 1141	27 M . D 1106	
2 CSR 70-25.065 2 CSR 70-30.110	Plant Industries Plant Industries		37 MoReg 571 37 MoReg 571	37 MoReg 1186 37 MoReg 1186	
2 CSR 70-30.110 2 CSR 70-30.115	Plant Industries		37 MoReg 572	37 MoReg 1186	
2 CSR 70-30.113 2 CSR 80-1.010	State Milk Board		37 MoReg 573	37 MoReg 1186	
2 CSR 80-2.010	State Milk Board		37 MoReg 505R	37 MoReg 1093R	
			37 MoReg 505	37 MoReg 1093	
2 CSR 80-2.020	State Milk Board		37 MoReg 573	37 MoReg 1186	
2 CSR 80-2.030	State Milk Board		37 MoReg 573	37 MoReg 1187	
2 CSR 80-2.040	State Milk Board		37 MoReg 574	37 MoReg 1187	
2 CSR 80-2.050 2 CSR 80-2.060	State Milk Board State Milk Board		37 MoReg 574 37 MoReg 575	37 MoReg 1187 37 MoReg 1187	
2 CSR 80-2.000 2 CSR 80-2.070	State Milk Board		37 MoReg 575	37 MoReg 1187	
2 CSR 80-2.080	State Milk Board		37 MoReg 577	37 MoReg 1187	
2 CSR 80-2.091	State Milk Board		37 MoReg 577	37 MoReg 1188	
2 CSR 80-2.101	State Milk Board		37 MoReg 578	37 MoReg 1188	
2 CSR 80-2.110	State Milk Board		37 MoReg 578	37 MoReg 1188	
2 CSR 80-2.121	State Milk Board		37 MoReg 578	37 MoReg 1188	
2 CSR 80-2.130	State Milk Board		37 MoReg 579	37 MoReg 1188	
2 CSR 80-2.141 2 CSR 80-2.151	State Milk Board State Milk Board		37 MoReg 579 37 MoReg 580	37 MoReg 1188 37 MoReg 1189	
2 CSR 80-2.151 2 CSR 80-2.161	State Milk Board		37 MoReg 580	37 MoReg 1189	
2 CSR 80-2.101 2 CSR 80-2.170	State Milk Board		37 MoReg 581	37 MoReg 1189	
2 CSR 80-2.180	State Milk Board		37 MoReg 581	37 MoReg 1189	
2 CSR 80-3.010	State Milk Board		This Issue		
2 CSR 80-3.020	State Milk Board		This Issue		
2 CSR 80-3.030	State Milk Board		This Issue		
2 CSR 80-3.040	State Milk Board		This Issue		
2 CSR 80-3.050 2 CSR 80-3.060	State Milk Board State Milk Board		This Issue This Issue		
2 CSR 80-3.000 2 CSR 80-3.070	State Milk Board		This Issue		
2 CSR 80-3.080	State Milk Board		This Issue		
2 CSR 80-3.090	State Milk Board		This Issue		
2 CSR 80-3.100	State Milk Board		This Issue		
2 CSR 80-3.110	State Milk Board		This Issue		
2 CSR 80-3.120	State Milk Board		This Issue		
2 CSR 80-3.130 2 CSR 80-4.010	State Milk Board		This Issue	37 MoReg 1189	
2 CSR 80-4.010 2 CSR 80-5.010	State Milk Board State Milk Board		37 MoReg 581 37 MoReg 1089	37 Mokeg 1189	
2 CSR 80-5.010 2 CSR 80-6.011	State Milk Board		This Issue		
2 CSR 80-6.021	State Milk Board		This Issue		
2 CSR 80-6.041	State Milk Board		This Issue		
2 CSR 90-10	Weights and Measures				37 MoReg 1197
2 CSR 90-10.001	Weights and Measures		37 MoReg 1143		
2 CSR 90-10.011	Weights and Measures		37 MoReg 1143		
2 CSR 90-10.012 2 CSR 90-10.013	Weights and Measures Weights and Measures		37 MoReg 1144 37 MoReg 1144		
2 CSR 90-10.013 2 CSR 90-10.014	Weights and Measures		37 MoReg 1145		
2 CSR 90-10.014 2 CSR 90-10.020	Weights and Measures		37 MoReg 1148		
2 CSR 90-10.040	Weights and Measures		37 MoReg 1148		
2 CSR 90-10.090	Weights and Measures		37 MoReg 1148		
2 CSR 90-10.120	Weights and Measures		37 MoReg 1149		
	DEDI DEMENIT OF CONCERNATION				
3 CSR 10-4.110	DEPARTMENT OF CONSERVATION Conservation Commission		37 MoReg 1005		
3 CSR 10-4.110 3 CSR 10-5.222	Conservation Commission		37 MoReg 1005 37 MoReg 1005		
3 CSR 10-6.415	Conservation Commission		37 MoReg 582	37 MoReg 1042	
3 CSR 10-7.431	Conservation Commission		37 MoReg 1006		
3 CSR 10-7.433	Conservation Commission		N.A.	37 MoReg 1042	
			37 MoReg 1149	_	
3 CSR 10-7.435	Conservation Commission		N.A.	37 MoReg 1042	
3 CSR 10-7.440	Conservation Commission		N.A.	37 MoReg 1189	27 MoDer 110
3 CSR 10-7.455 3 CSR 10-11.120	Conservation Commission Conservation Commission		37 MoReg 1006 37 MoReg 582	37 MoReg 1043	37 MoReg 118
3 CSR 10-11.120 3 CSR 10-11.180	Conservation Commission		37 MoReg 582 37 MoReg 583	37 MoReg 1043	
3 CSR 10-12.109	Conservation Commission		37 MoReg 583	37 MoReg 1043	
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Rule Number	Agency	Emergency	Proposed	Order	In Addition
3 CSR 10-12.110	Conservation Commission		37 MoReg 583	37 MoReg 1043	
3 CSR 10-12.125	Conservation Commission		37 MoReg 584	37 MoReg 1043	
	DEPARTMENT OF ECONOMIC DEVELOP	MENT			
4 CSR 240-20.065	Public Service Commission	VIENI	37 MoReg 315	37 MoReg 1044	
4 CSR 240-31.010	Public Service Commission	37 MoReg 1003	37 MoReg 1007		
	DEPARTMENT OF ELEMENTARY AND SE	CONDARY EDUCA	ATION		
5 CSR 20-100.200	Division of Learning Services	CONDARI EDUCA	37 MoReg 507	37 MoReg 1190	
5 CSR 20-100.250	Division of Learning Services		37 MoReg 333	37 MoReg 1052	
5 CSR 20-400.150 5 CSR 20-400.160	Division of Learning Services Division of Learning Services		37 MoReg 509 37 MoReg 509	This Issue This Issue	
5 CSR 20-400.100 5 CSR 20-400.170	Division of Learning Services  Division of Learning Services		37 MoReg 510	This Issue	
5 CSR 20-400.180	Division of Learning Services		37 MoReg 510	This Issue	
5 CSR 20-400.190	Division of Learning Services		37 MoReg 511	This Issue	
5 CSR 20-400.200 5 CSR 20-400.250	Division of Learning Services Division of Learning Services		37 MoReg 511 37 MoReg 511	This Issue This Issue	
5 CSR 20-400.260	Division of Learning Services		37 MoReg 512	This Issue	
5 CSR 20-400.280	Division of Learning Services		37 MoReg 512	This Issue	
5 CSR 20-500.330 5 CSR 30-261.025	Division of Learning Services  Division of Financial and Administrative		37 MoReg 908		
5 CDR 50 201.025	Services		37 MoReg 912		
7 CSR 10-25.010	<b>DEPARTMENT OF TRANSPORTATION</b> Missouri Highways and Transportation Commiss.	ion			37 MoReg 1106
					This Issue
	DEPARTMENT OF LABOR AND INDUSTRI	IAL RELATIONS			
8 CSR 10-3.010	Division of Employment Security		37 MoReg 679	37 MoReg 1247	
	DEPARTMENT OF MENTAL HEALTH				
9 CSR 10-31.040	Director, Department of Mental Health		37 MoReg 335	37 MoReg 1093	
9 CSR 45-2.010	Division of Mental Retardation and				
9 CSR 45-2.015	Developmental Disabilities Division of Mental Retardation and		37 MoReg 337	37 MoReg 1190	
9 CSK 45-2.013	Developmental Disabilities		37 MoReg 352	37 MoReg 1190	
9 CSR 45-2.017	Division of Mental Retardation and				
9 CSR 45-2.020	Developmental Disabilities Division of Mental Retardation and		37 MoReg 355	37 MoReg 1190	
9 CSK 45-2.020	Developmental Disabilities		37 MoReg 377	37 MoReg 1191	
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10 CSR 10-5.381	DEPARTMENT OF NATURAL RESOURCES Air Conservation Commission	3	37 MoReg 955		
10 CSR 10-5.381 10 CSR 10-6.020	Air Conservation Commission		37 MoReg 933 37 MoReg 1222		
10 CSR 10-6.060	Air Conservation Commission		37 MoReg 379	37 MoReg 1191	
10 CSR 10-6.065	Air Conservation Commission		37 MoReg 383	37 MoReg 1192	
10 CSR 10-6.070 10 CSR 10-6.075	Air Conservation Commission Air Conservation Commission		37 MoReg 966 37 MoReg 968		
10 CSR 10-6.080	Air Conservation Commission		37 MoReg 971		
10 CSR 10-6.260	Air Conservation Commission		37 MoReg 388	37 MoReg 1192	
10 CSR 10-6.410 10 CSR 20-6.100	Air Conservation Commission Clean Water Commission		37 MoReg 392 36 MoReg 2906R	37 MoReg 1195	
10 CSR 20-0.100	Cican water Commission		36 MoReg 2906		
			37 MoReg 393R		
10 CSR 140-2	Division of Energy		37 MoReg 394		37 MoReg 1062
10 CSR 140-2 10 CSR 140-8.010	Division of Energy  Division of Energy		37 MoReg 513	37 MoReg 1093	37 WIORCG 1002
	- CV				
11 CSR 10-12.010	DEPARTMENT OF PUBLIC SAFETY Adjutant General		37 MoReg 152	37 MoReg 1053	
II CSK 10-12.010	(Changed to 11 CSR 30-13.010)		37 Workeg 132	37 Workeg 1033	
11 CSR 10-12.020	Adjutant General		37 MoReg 152	37 MoReg 1053	
11 CSR 10-12.030	(Changed to 11 CSR 30-13.020) Adjutant General		37 MoReg 153	37 MoReg 1053	
11 CSK 10-12.030	(Changed to 11 CSR 30-13.030)		37 Mokeg 133	37 Mokeg 1033	
11 CSR 10-12.040	Adjutant General		37 MoReg 153	37 MoReg 1053	
11 CSR 10-12.050	( <i>Changed to 11 CSR 30-13.040</i> ) Adjutant General		37 MoReg 153	37 MoReg 1053	
II CSK 10-12.030	(Changed to 11 CSR 30-13.050)		37 Workeg 133	37 Working 1033	
11 CSR 10-12.060	Adjutant General		37 MoReg 154	37 MoReg 1053	
11 CSR 30-12.010	(Changed to 11 CSR 30-13.060) Office of the Director	37 MoReg 93	37 MoReg 98	37 MoReg 1052	
11 CSR 30-12.010 11 CSR 30-13.010	Office of the Director	77 WIONES 33	37 MoReg 98 37 MoReg 152	37 MoReg 1052 37 MoReg 1053	
	(Changed from 11 CSR 10-12.010)		Č	_	
11 CSR 30-13.020	Office of the Director (Changed from 11 CSR 10-12.020)		37 MoReg 152	37 MoReg 1053	
11 CSR 30-13.030	Office of the Director		37 MoReg 153	37 MoReg 1053	
	(Changed from 11 CSR 10-12.030)		Č	C	
11 CSR 30-13.040	Office of the Director		37 MoReg 153	37 MoReg 1053	
11 CSR 30-13.050	(Changed from 11 CSR 10-12.040) Office of the Director		37 MoReg 153	37 MoReg 1053	
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11 CSR 30-13.060	Office of the Director		37 MoReg 154	37 MoReg 1053	
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11 CSR 30-13.080	Office of the Director		37 MoReg 156	37 MoReg 1054	
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11 CSR 30-13.100	Office of the Director		37 MoReg 156	37 MoReg 1054	
11 CSR 30-13.110	Office of the Director		37 MoReg 157	37 MoReg 1054	
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11 CSR 45-5.185	Missouri Gaming Commission		37 MoReg 407	37 MoReg 1054	
11 CSR 45-8.130	Missouri Gaming Commission		37 MoReg 408	37 MoReg 1055	
11 CSR 45-9.020	Missouri Gaming Commission		37 MoReg 912	37 Moreg 1033	
11 CSR 45-9.106	Missouri Gaming Commission		37 MoReg 410	37 MoReg 1055	
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	2012		
12-08	Authorizes the State Soil and Water Districts Commission to implement an		
12 00	emergency cost-share program to address water challenges to landowners		
	engaged in livestock or crop production due to the current drought.		
	Additionally, it establishes the Agriculture Water Resource Technical Review		
	Team.	July 23, 2012	This Issue
12-07	Declares a state of emergency, directs the Missouri State Emergency Operation	1S	
	Plan be activated, and extends Executive Order 12-06 to Oct. 1, 2012, in	1 1 22 2012	m: r
12-06	response to the severe heat, dry conditions, and fire risks affecting the state.	July 23, 2012	This Issue
12-00	Activates the Missouri State Emergency Operations Center and directs the State Emergency Management Agency, State Fire Marshall, Adjutant General,		
	and such other agencies to coordinate with local authorities affected by fire	•	
	danger due to the prolonged period of record heat and low precipitation	June 29, 2012	37 MoReg 1139
12-05	Extends Executive Orders 11-06, 12-03, 11-07, 11-11, 11-14, and 12-04 until	Vano 2>, 2012	57 Horag 1105
	June 1, 2012	March 13, 2012	37 MoReg 569
12-04	Activates the state militia in response to severe weather that began on	,	
	February 28, 2012	Feb. 29, 2012	37 MoReg 503
12-03	Declares a state of emergency and directs that the Missouri State Emergency		
	Operations Plan be activated due to the severe weather that began on		
12.02	February 28, 2012	Feb. 29, 2012	37 MoReg 501
12-02	Orders the transfer of all authority, powers, and duties of all remaining audit		
	and compliance responsibilities relating to Medicaid Title XIX, SCHIP Title XXI, and Medicaid Waiver programs from the Dept. of Health and Senior		
	Services and the Dept. of Mental Health to the Dept. of Social Services		
	effective Aug. 28, 2012, unless disapproved within sixty days of its		
	submission to the Second Regular Session of the 96th General Assembly	Jan. 23, 2012	37 MoReg 313
12-01	Designates members of the governor's staff to have supervisory authority over	<del></del>	
	certain departments, divisions, and agencies	Jan. 23, 2012	37 MoReg 311
	<u>2011</u>		
11-25	Extends the declaration of emergency contained in Executive Order 11-06 (and		
	extended by Executive Orders 11-09, 11-19, and 11-23) until March 15, 2012	<i>L</i> ,	
	unless extended in whole or part by subsequent order. Further Executive Orders 11-07, 11-11, and 11-14 are extended until March 15, 2012, unless		
	extended in whole or part by subsequent order	Dec. 14, 2011	37 MoReg 95
11-24	Designates members of the governor's staff to have supervisory authority over	DCC. 14, 2011	37 Moreg 93
11 24	certain departments, divisions, and agencies	Nov. 18, 2011	37 MoReg 5
11-23	Extends Executive Order 11-20 until October 15, 2011, and extends	11011 10, 2011	<i>5,</i> 1,101.05 <i>5</i>
	Executive Orders 11-06, 11-07, 11-08, 11-11, 11-14, and 11-18 until		
	December 18, 2011	Sept. 13, 2011	36 MoReg 2157
11-22	Designates members of the governor's staff to have supervisory authority over		
	certain departments, divisions, and agencies	July 26, 2011	36 MoReg 1979
11-21	Authorizes the Joplin Public School system to immediately begin to retrofit,		
	equip, and furnish various buildings to house students during the 2011-2012	I 17 2011	26 MaDa = 1000
11-20	school year without requiring advertisements for bids  Extends certain terms of Executive Order 11-12 to help Missouri citizens	June 17, 2011	36 MoReg 1800
11-20	impacted by the Joplin tornado of April 22, 2011	June 17, 2011	36 MoReg 1798
11-19	Extends certain terms of Executive Orders 11-06, 11-07, 11-08, 11-10, 11-11,	June 17, 2011	30 Moreg 1730
11 12	11-13, 11-14, 11-15, 11-16, and 11-18 until September 15, 2011	June 17, 2011	36 MoReg 1796
11-18	Activates the state militia in response to flooding events occurring and	,	
	threatening along the Missouri River	June 8, 2011	36 MoReg 1739
11-17	Establishes the State of Missouri Resource, Recovery & Rebuilding Center		
	in the City of Joplin in response to a tornado that struck there on		
	May 22, 2011	June 7, 2011	36 MoReg 1737
11-16	Authorizes the Joplin Public Schools to immediately begin to retrofit		
	and furnish warehouse and retail structures to house district programs		
	displaced by the tornado and severe storms on May 22, 2011, without	Juno 2 2011	26 MaDaa 1725
	requiring advertisements for bids	June 3, 2011	36 MoReg 1735

### Missouri Register

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<b>Orders</b>	Subject Matter	Filed Date	<b>Publication</b>
11-15	Authorizes the Joplin Public School system to immediately rebuild, restore, and/or renovate Emerson Elementary, Kelsey Norman Elementary, Old South Middle School, and Washington Education Center without requiring advertisement for bids	June 1, 2011	36 MoReg 1594
11-14	Activates the state militia in response to a tornado that hit the City of Joplin on May 22, 2011	May 26, 2011	36 MoReg 1592
11-13	Authorizes the Joplin Public Schools system to immediately begin rebuilding and replacing the materials for three of its buildings that were destroyed in a tornado that struck on May 22, 2011, without requiring advertisement for bids	May 26, 2011	36 MoReg 1590
11-12	Orders the director of the Department of Insurance, Financial Institutions and Professional Registration to temporarily waive, suspend, and/or modify any statute or regulation under his purview in order to best serve the interests of those citizens affected by the tornado that hit the city of Joplin on May 22, 2011	May 26, 2011	36 MoReg 1587
11-11	Orders the director of revenue to issue duplicate or replacement license, nondriver license, certificate of motor vehicle ownership, number plate, or tabs lost or destroyed as a result of the tornado that hit the city of Joplin and to waive all state fees and charges for such duplicate or replacement	May 26, 2011	36 MoReg 1585
11-10	Orders the Missouri Department of Health and Senior Services and the State Board of Pharmacy to temporarily waive certain rules and regulations to allow medical practitioners and pharmacists responding to the tornado and severe storms in Joplin to best serve the interests of public health and safety	May 24, 2011	36 MoReg 1583
11-09	Extends Executive Orders 11-06, 11-07, and 11-08 through June 20, 2011	May 20, 2011	36 MoReg 1581
11-08	Activates the state militia in response to severe weather that began on April 22		36 MoReg 1449
11-07	Gives the director of the Department of Natural Resources the authority to temporarily suspend regulations in the aftermath of severe weather that began on April 22		36 MoReg 1447
11-06	Declares a state of emergency for the state of Missouri and activates the Missouri State Emergency Operations Plan due to severe weather that began on April 22	April 22, 2011	36 MoReg 1445
11-05	Orders the Missouri Department of Transportation to assist local jurisdictions counties that: 1) received record snowfalls; and 2) continuing snow clearance exceeds their capabilities		36 MoReg 883
11-04	Activates the state militia in response to severe weather that began on January 31, 2011	Jan. 31, 2011	36 MoReg 881
11-03	Declares a state of emergency exists in the state of Missouri and directs that the Missouri State Emergency Operations Plan be activated	Jan. 31, 2011	36 MoReg 879
11-02	Extends the declaration of emergency contained in Executive Order 10-27 and the terms of Executive Order 11-01 through February 28, 2011		36 MoReg 877
11-01	Gives the Director of the Department of Natural Resources the authority to temporarily suspend regulations in the aftermath of severe winter weather that began on December 30	Jan. 4, 2011	36 MoReg 705

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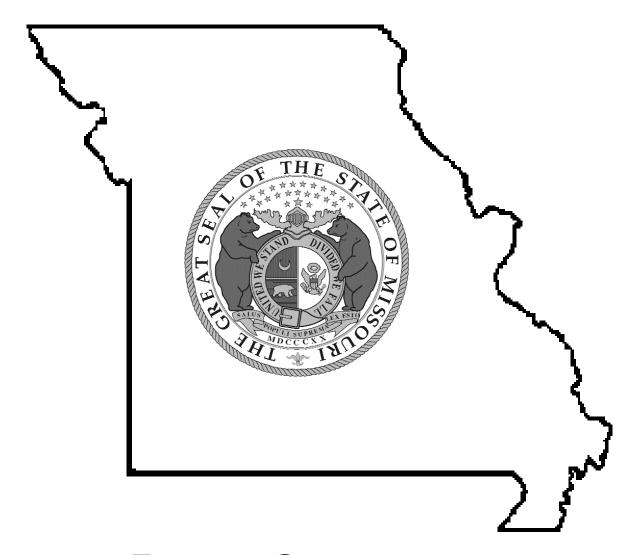
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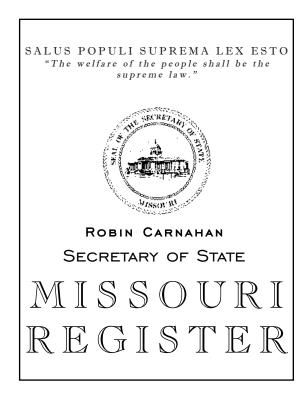


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With SB 469 and HB 1135 having gone into effect on August 28, 2012, agencies may now file a request with the Joint Committee on Administrative Rules and the secretary of state concurrently to make non-substantive changes to rules in the *Code of State Regulations*. Non-substantive changes include changes in department or division name in response to statutory changes or executive orders, or changes in state agency address, state agency telephone numbers, email addresses, or state agency website addresses.

A form for Non-Substantive Changes may be found online at http://www.sos.mo.gov/adrules/forms.asp. Also available on the same page are other forms of the Administrative Rules Division of the Office of the Secretary of State including a new revised transmittal form.